

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000113467**

1. Corporation Name

THE JAYLA GROUP, INC.

Principal Place of Business

Mailing Address

P O BOX 690128
ORLANDO FL 32819

P O BOX 690128
ORLANDO FL 32819

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

11/26/2001

5. FEI Number

59-3758091

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MCRAE, LARRY	P O BOX 690128	ORLANDO FL 32819
D	MCRAE, JEANELL	P O BOX 690128	ORLANDO FL 32819

600024478806

11/06/03--01034--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCRAE, LARRY
5144 CONROY ROAD #1038
ORLANDO FL 32811

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE OF LARRY MCRAE

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE OF LARRY MCRAE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/03
Date

407 999-8375
Daytime Phone #

FILED

03 NOV -6 PM 12:46

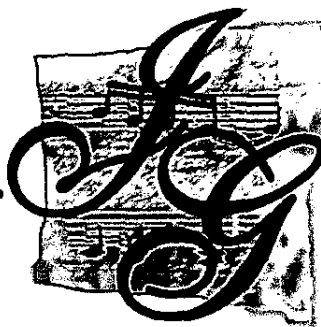
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

The Jayla Group, Inc.



November 3, 2003

Dear Sir or Madam:

I just received a Notice of Administrative Dissolution or Revocation. In the letter it stated that if you had not received the two prior UBR's that I could file the form without penalty. I have not received any other notices, just this one. Enclosed you will find a check for the filing fee as stated in the instructions. If you have any questions, please contact me.

Sincerely,

Larry McRae