

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -9 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000014894

1. Corporation Name

J & L Limited, Inc.

REINSTATEMENT *B-84*

100027909871
02/09/04--01035--018 **150.00

2. Principal Office Address

988 Ponte Vedra Blvd.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach

Zip

32082

Country

USA

3. Mailing Office Address

c/o SBDP

Suite, Apt. #, etc.

PO Box 51351

City & State

Jacksonville Beach, FL

Zip

32240-1351

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02/21/02

5. FEI Number

03-0386889

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cindy B. Bohn

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

3560 South Third Street

Suite, Apt. #, Etc.

City

Jacksonville Beach

State

FL

Zip Code

32250

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Cindy B. Bohn

REGISTERED AGENT MUST SIGN

Date

1/19/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Joel Bratkovich	988 Ponte Vedra Boulevard	Ponte Vedra Beach, FL 32082

10. 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: *Joel Bratkovich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL BRATKOVICH

Date

1.26.04 (904) 543.9941

Daytime Phone #

CR2E081 (10/02)