

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 NOV -6 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000080093**

1. Corporation Name

**J & L INFORMATION TECHNOLOGIES, INC.**

Principal Place of Business

Mailing Address

5852 NW FOGEL CT.  
PORT ST. LUCIE FL 34986

5852 NW FOGEL CT.  
PORT ST. LUCIE FL 34986

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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/22/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

City & State

City & State

02-0633506

☐ Not Applicable

Zip

Country

Zip

Country

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
PD	GOMEZ, LUIS E	5852 NW FOGEL CT.	PORT ST. LUCIE FL 34986
VD	GOMEZ, JOVANA GOMEZ	5852 NW FOGEL CT.	PORT ST. LUCIE FL 34986

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOMEZ, LUIS E  
5852 NW FOGEL CT.  
PORT ST. LUCIE FL 34986

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

*Jovana Gomez*

REGISTERED AGENT MUST SIGN

*Luis E. Gomez*

Date 10-9-03

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:

*Jovana Gomez*

Jovana Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03

Date

(561) 351-8442

Daytime Phone #

CR2E040 (7/03)

5852 NW Fogel Court  
Port Saint Lucie, FL 34986

October 9, 2003

Reference Number: P02000080093

Annual Reports Section  
Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Subject: J & L Information Technologies, Inc.

To Whom It May Concern:

I have received an application for reinstatement from your office this week and noticed that it was sent in error because we had already taken care of this problem. When I had originally sent the first application, I had made a mistake on the form and put the incorrect FEI number. A notice was sent to me explaining my error and in return I had sent a letter with the corrected information. This was all done in February of 2003.

I received the application for reinstatement and called to speak with a representative. I was told to send this application filled out with the correct information and the other paper work provided. I was also told my original application fee of \$150.00 was on file and that I would not have to pay the reinstatement fee.

Thank you,

Jovana Gomez



J & L Information Technologies, Inc.

Vice President

Enclosures (3)

JG