

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -1 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000092410

1. Corporation Name

**THE JTLEE GROUP, INC.
900 PARKSIDE CIRCLE
BOCA RATON, FL 33486**

2. Principal Office Address

900 PARKSIDE CIRCLE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33486

Country

US

3. Mailing Office Address

900 PARKSIDE CIRCLE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33486

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

61-0479378

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 2004

7. Name and Address of Current Registered Agent

Name

Gregory Marinello

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

900 Parkside Circle

Suite, Apt. #, Etc.

City

Boca Raton, FL

State

FL

Zip Code

33486

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

[Signature]
(REGISTERED AGENT MUST SIGN)

Date

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
DV	Michael Paleolog	900 Parkside Circle	Boca Raton, FL 33486
DP	Gregory Marinello	900 Parkside Circle	Boca Raton, FL 33486

000042363450
11/01/04--01066--025 **150.00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

262

The Jtlee Group, Inc.

900 Parkside Circle
Boca Raton, FL 33486

October 27, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 2004 Annual Report Form

To Whom It May Concern:

The 2004 annual report form for The Jtlee Group, Inc. was not received before the filing deadline. Please accept the enclosed reinstatement form along with a check in the amount of \$150.00.

Sincerely,



Gregory Marinello as Authorized
Representative of Member

Enclosures