## **2008 FOR PROFIT CORPORATION** REINSTATEMENT

DOCUMENT # P07000131563  1. Entity Name  JILL M. KING, INC.				98 (107 - 3 PM 3: 59			
Principal Place of Business Mailing Address				• •	TALLA-MSSFE,	FLÖRIDA	
1205 S. DRUID LANE 1205 S. DRUID LANE TAMPA, FL 33629 TAMPA, FL 33629							
-1							
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.					102 REINSTATEME	2 098 (1/012)	15
City & State		City & State		4. FEI Number 32-6224731		plied For t Applicat	
Zip	Country	Zip	Countr	у	5. Certificate of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Regist	tered Agent	
KING, JILL M				Name			
	RUID LANE		_	Street Address (P.O. Box Number is Not Acceptable)			
			ļ				
			Γ	City		FL Zip Code	e
		r the purpose of changing its	registered	d office or registe	red agent, or both, in the State of Florida.	I am familiar with,	and acce
the obligations of registered agent. Which is 10-29-8							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating)  DATE							
	Signature, typed or printed name of registered agent	and title if applicatife. (NOTE	:: Registered	i Agent signature requi	red when reinstating)	DATE	
P11		and title if applicable. (NOTE	E: Registered	i Agent eignature requi		<u> </u>	F 0 . III
ļ	E NOW!!! FEE IS \$150.00		E: Registered	i Agent signature requi	In accordance with corporation did not r	s. 607.193(2)(b),	
ļ	E NOWIII FEE IS \$150.00	00	E: Registered	f Agent eignature requi	In accordance with	s. 607.193(2)(b), receive the prior r	notice.
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directo of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.