

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Phylis

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P09000039853**

1. Corporation Name

Jawil Enterprises, Corp.

FILED

13 JAN 10 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #

201-205 South

Suite, Apt. #, etc.

State Road 7

City & State

Margate, FL

Zip
33063

Country

USA

3. Mailing Office Address

7875 Margate

Suite, Apt. #, etc.

Bld. # 201

City & State

Margate, FL

Zip

33063

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/09

5. FEI Number

26-4817991

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
Ingrid C. Avila

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

7875 Margate Blvd.

Suite, Apt. #, Etc.

201

City

Margate

State

FL

Zip Code

33063

000243535420
01/10/13--01029--008 **1200.00

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 **1/10/13**

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
P	Ingrid C. Avila	7875 Margate Blvd.	Margate, FL 33063

REINSTATEMENT

10/13 JAN 11 2013
T. SCOTT

10. E-mail Address: **mastersbilliards@hotmail.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

[Signature]

Ingrid C. Avila

1/06/13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Page 12

Jawil Enterprises, Corp.
7875 Margate Boulevard Apt. 201
Margate, FL 33063
Tel: (954) 240-0411

January 6, 2013

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

To Whom It May Concern:

The following is to inform you that I, Ingrid C. Avila, have no intentions of revoking dissolution for Jawil Enterprises, Inc. document number P12000069676 .

I want to reinstate Jawil Enterprises, Corp. document number P09000039853
Attached, please find payment for reinstatement.

If you have any questions or need additional please let me know.

Sincerely,



Ingrid C. Avila