PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

P25049

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 18 AM 10:40

DOCUMENT # P25049

1 Corporation Name

J TH, INC of ILLINOIS

Principal Place of Business

6436 NW 5th WAY
FT LAUDERDALE, FL 33309

Mailing Address

12-18

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip | Country

3 New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4 Date Incorporated or Qualified To Do Business in Florida 6/30/89

5 FEI Number 36-3107260 | Applied For | Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	RONALD OPPER	6436 NW 5th WAY	FT LAUDERDALE, FL 33309

000002039350--0
-12/27/96--01059--023
****375.00 ****375.00

REINSTATEMENT KWM

8. Name and Address of Current Registered Agent

RONALD OPPER, PRES JTH INC
6436 NW 5th WAY
FT LAUDERDALE, FL 33309

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CRE040 (12/95)

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.

Signature of Registered Agent Ronald Opper REGISTERED AGENT MUST SIGN Date 12/17/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the registrant 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. 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: Ronald Opper 12/17/96 954-202-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #