

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT -1 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000136533240
10/01/08--01046--005 **308.75

REINSTATEMENT

DOCUMENT # P96000002459

1. Corporation Name

JENNIFER LANG DESIGNS, INC.

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

1501 NE 37TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 24310

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL

City & State

OAKLAND PARK, FL

Zip

33334

Country

USA

Zip

33307

Country

USA

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

1-9-96

5. FEI Number

65-0628976

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

JENNIFER LANG

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

1501 NE 37TH ST

Suite, Apt. #, Etc.

City

OAKLAND PARK

State

FL

Zip Code

33334

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

9-30-08

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 (Pres)	JENNIFER LANG	1501 NE 37TH ST	OAKLAND PARK, FL 33334

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-08

Date

934-531-2102

Daytime Phone #