

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000007712

1. Corporation Name

Jillian Tonge Designs, Inc.

2. Principal Office Address

2152 Orangeside Rd

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34683

Country

USA

3. Mailing Office Address

2152 Orangeside Rd

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34683

Country

USA

REINSTATEMENT 00-07

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

01/22/1996

5. FEI Number

593355796

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

Jillian Tonge

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

2152 Orangeside Rd

600024224436
11/21/03--01036--022 **1200.00

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34683

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

Jillian Tonge
REGISTERED AGENT MUST SIGN

Date 11-10-03

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.	Jillian Tonge	2152 Orangeside Rd	Palm Harbor, FL 34683

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:

Jillian Tonge Jillian Tonge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-03
Date

813-855-8223

Daytime Phone #