

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10x2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P97000081918

1. Corporation Name

J & L MARKETING & SALES, INC.

Principal Place of Business

Mailing Address

3026 LAKE PADGETT DR.
LAND O'LAKES FL 34639

~~3026 LAKE PADGETT DR.~~
~~LAND O'LAKES FL 34639~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

8021 GUNN HWY
TAMPA FL 33626-1604
USA

4. Date Incorporated or Qualified To Do Business in Florida

09/22/1997

5. FEI Number

59-3472255

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	CARREIRO, LYNNE B	3026 LAKE PADGETT DR.	LAND O'LAKES FL 34639
DVST	CARREIRO, JOHN A	3026 LAKE PADGETT DR.	LAND O'LAKES FL 34639

600003448036--2
-11/02/00--01007--021
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARREIRO, LYNNE B
3026 LAKE PADGETT DR.
LAND O'LAKES FL 34639

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-13-00

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., 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] LYNNE B. CARREIRO 10-13-00

Date

Daytime Phone #

KE

(813)

740-

1344

CR2E040 (8/00)

20f2

J & L MARKETING & SALES, INC.

October 13, 2000

Florida Department of State
Division of Corporations

Annual Report/ Reinstatement Section

P.O. Box 6327-

Tallahassee, Florida 32314-6327

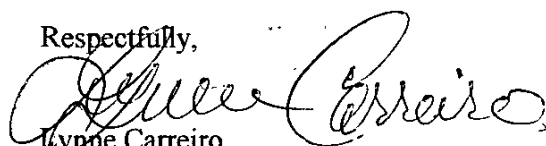
To Whom It May Concern:

On October 12, 2000, I received a notice of Administrative Dissolution or Revocation for my corporation J & L Marketing and Sales, Inc. This came as a surprise to me as I had not received the original request for the corporate annual report nor to my knowledge did I receive any late notice.

Upon calling your office to discuss this matter, I spoke with a person by the name of Shaun who informed me of what I needed to do to reinstate my corporation. He instructed me to fill out the application, send a check for \$150.00 and attach this letter of explanation for reinstatement and the situation would be cleared up. Enclosed you will find the necessary requirements.

I appreciate your prompt attention to this matter and thank you in advance for your help.

Respectfully,


Lynne Carreiro
President