

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS



**9899**

**FILED**

**DOCUMENT # P97000108993**

**98 DEC 10 AM 9:53**

1. Corporation Name

**J & J LIMITED, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4720 WINDSOR HILL DRIVE  
WINDERMERE FL 34786

Mailing Address

4720 WINDSOR HILL DRIVE  
WINDERMERE FL 34786



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. <b>2740 WINDSOR HILL DRIVE</b>		Suite, Apt. #, etc. <b>2740 WINDSOR HILL DR</b>		<b>12/31/1997</b>	
City & State <b>WINDERMERE, FL</b>		City & State <b>WINDERMERE, FL</b>		5. FEI Number <b>59-3485081</b>	
Zip <b>34786</b>		Zip <b>34786</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Country <b>USA</b>		Country <b>USA</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	PETERS, JIMMY E	<del>4720 WINDSOR HILL DRIVE</del> <b>2740</b>	WINDERMERE FL 34786
D	PETERS, JENNY O	<del>4720 WINDSOR HILL DRIVE</del> <b>2740</b>	WINDERMERE FL 34786

200002713082--0  
-12/15/98--01070--015  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

STANTON, A J JR.  
255 S. ORANGE AVE. STE. 1466  
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
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

**REGISTERED AGENT MUST SIGN**

Date **12/7/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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)(f), 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:

**SIMMY E. PETERS, VICE-PRESIDENT**

**NOV 16, 1998**

Date Daytime Phone #

**907-397-9148**