

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

99-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 25 PM 4: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

998000086963

1. Corporation Name

Julian International, Inc

Doc. # 998000086963

2. Principal Office Address

4307 Taylor St.

Suite, Apt. #, etc.

City & State

Hollywood, FL. 33021

Zip

33021

Country

USA

3. Mailing Office Address

(changed)

14147 Aldora Circle

Suite, Apt. #, etc.

City & State

Bortonsville, MD

Zip

20866

Country

USA

REINSTATEMENT

99-2000

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/98

SP

5. FEI Number

65-0868836

Applied For

Not Applicable

6. Certificate of Status Desired ☒ Certificate of Status
☐ Certificate of Good Standing

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Juliana St. Prix-Woods

500003120845-2

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

~~14147 Aldora Circle~~

4307 Taylor St.

Suite, Apt. #, Etc.

~~Bortonsville, MD 20866~~

City

Ma Hollywood

State

FL

Zip Code

33021

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/20/00

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
Pres.	Juliana St. Prix-Woods	14147 Aldora Circle	Bortonsville, MD 20866
V.P.	Anthony St. Prix	4307 Taylor St.	Hollywood, FL. 33021
Secretary	Juliana St. Prix-Woods	14147 Aldora Circle	Bortonsville, MD 20866
Treas.	Juliana St. Prix-Woods	14147 Aldora Circle	Bortonsville, MD 20866

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

917-207-2865

Daytime Phone #

361-847-1055

CR2E081 (9/99)