

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR -7 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000029503

1. Corporation Name

CJL CAPITAL, INC.

2. Principal Office Address

5760 H COACH HOUSE CIR

Suite, Apt. #, etc.

H

3. Mailing Office Address

5760 H COACH HOUSE CIR

Suite, Apt. #, etc.

H

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33486

Country

USA

Zip

33486

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-26-1999

5. FEI Number

65-090-884

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

LAWRENCE SANDS

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

10800 BISCAYNE BLVD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

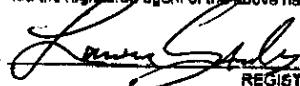
Zip Code

33161

400013699474

03/07/03--01082--010 ***300.00

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 2-21-03

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	JUD ROTHMAN	5760 H COACH HOUSE CIR	BOCA RATON FL 33486

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-21-03

Daytime Phone #

561 416 7386

CR2501 (10/02)

7/3/10

February 21, 2003

(561) 416-7386

Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn. Mr./Mrs. Examiner,

Enclosed herein is an application for the reinstatement of C.J.L. Capital, Inc. along with a check for \$300. Please know that The Uniform Business Reports were not received by me for the year 2002 or 2003. The corporate address was listed as 175 west Camino Real, Boca Raton, FL. At this Address resides a former accountant Mr. David Hirsch. Through what I perceive to be malicious intent, the UBR's were not forwarded to my home address. Although this is ultimately my responsibility, I would like the \$600 reinstatement fee waived. 2002 was a terrible year for many, including my self. Please forgive this oversight on my part and reinstate C.J.L. Capital to a status of good standing with the state of Florida.

Kindest Regards,


David Rothman

President
C.J.L. Capital, Inc.
(561) 416 7386