

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000050870

1. Corporation Name

JT LIMITED, INC.

Principal Place of Business

2945 NORTHLAKE BLVD.  
LAKE PARK FL 33403

Mailing Address

2945 NORTHLAKE BLVD.  
LAKE PARK FL 33403

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/04/1999

5. FEI Number

65-0919840

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
VD	<del>RUSSO, THEODORE</del> Jonni Angel	<del>10100 OAK BACK LANE</del> 113 Hidden Hollow Dr.	PALM BEACH GARDENS FL 33410

800023956818  
10/20/03--01057--010 \*\*150.00

8. Name and Address of Current Registered Agent

MEROLA, JAMES R  
11380 PROSPERITY FARMS ROAD, #204  
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

Jonni Angel

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

113 Hidden Hollow Dr.

Suite, Apt. #, Etc.

City

Palm Bch Gardens

State

FL

Zip Code

33418

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]* Jonni Angel

Date 10-15-03

REGISTERED AGENT MUST SIGN

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]* Jonni Angel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-15-03

Daytime Phone #

561-844-2544

CR20040 (7/03)

Fla. Dept. of State  
Glenda Hood  
Secretary of State

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Enclosed please find our  
check for reinstatement fee.  
I apologize for delay. We  
did not receive the annual  
reinstatement form on time.  
Thank you.

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Sincerely,  
Jonni Angel

Jonni Angel  
113 Hidden Hollow Dr.  
Palm Beach Gardens, FL  
33418