PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR G REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

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1. Corporation Name

SIGNATURE:

JT LIMITED, INC.

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SECHETARY OF STATE TALLAHASSEE, FLORIDA

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Zip		Country		Zip	Country						.75 Additional for a Certificate		
7. Names	and Street Ac	Idresses of Ea	ch Officer and/c	r Director (Flo	rida nonprofi	it corporat	ions must list at lea	ast	3 directors)				
Title(s) 1 Name of Officers and/or Directors					Street Address of Eac Officer and/or Director					City / St	tate / Zip		
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							Palm) (bch 6	ardens FL	Zip Code	18	
10. I, bein	g appointed th	e registered a	gent of the abov	e named corpo	oration, am fa	miliar with	and accept the o	oblig	ations of Sect	tion 607.0505, F.S. or 617.050			
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Signature of Registered			VIL	$\times\!$		·	,			Date (0-15	<u> 50-7</u>		
			RE	SISTERED AG	ENT MUST	SIGN							
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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 AND DIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fla. Dept. of State Glenda Hood Secretary of State

Enclosed please find our check for reinstatement fee.

I apologize for delay. We did not recieve the annual reinstatement form on time.

Thank you.

Sincerely, Janni Angel

Jonni Angel 113 Hidden Hollow Dr. Palm Beach Bardens Fi