

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV -9 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000073856

1. Corporation Name

J & J Management USA Inc

2. Principal Office Address

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1806 IRONWOOD WAY

City & State

City & State

KISSIMMEE

same

Zip

Country

Zip

Country

34746

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/19/99

5. FEI Number

593593076

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Gillian Wright

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

1806 IRONWOOD WAY

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34746

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

Gillian H Wright  
REGISTERED AGENT MUST SIGN

Date 11-2-04

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	Gillian Wright	1806 IRONWOOD WAY	KISSIMMEE FL 34746
SUD	Douglas Moore	1806 IRONWOOD WAY	KISSIMMEE FL 34746

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:

Gillian Wright  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-04

Date

Daytime Phone #

CR2ED01 (07/04)