

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **542360**

1. Corporation Name
W.J.L., Inc.

Principal Place of Business Mailing Address
13577 Feather Sound Drive 13577 Feather Sound Drive
Suite 500 Suite 500
Clearwater, FL 34622-5550 Clearwater, FL 34622-5550

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **03/26/1991**

5. FEI Number
59-3059039

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 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/D	Lynch, William J., III	13577 Feather Sound Drive	Clearwater, FL 34622-5550

800002988088--9
-09/15/93--01077--004
*****908.75 ***908.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lynch, William J., III
13577 Feather Sound Drive
Suite 500
Clearwater, FL 34622-5550

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

William J. Lynch
REGISTERED AGENT MUST SIGN

Date **09-07-1999**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

William J. Lynch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William J. Lynch, III

09-07-1999 (617) 434-8300

Date

Daytime Phone #

FILED

99 SEP 10 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **98-99^W**

CR2E081 (12/98)