

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V66577

1. Corporation Name

JILL INTERNATIONAL, INC.

FILED

98 JUL 16 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O SCOTT KRAMER ESQ.
1155 US HWY ONE STE. 205
JUNO BEACH FL 33408

Mailing Address

C/O SCOTT KRAMER ESQ.
1155 US HWY ONE STE. 205
JUNO BEACH FL 33408



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

2. New Principal Office Address, If Applicable
C/O JOHN C. REYSON

Suite, Apt. #, etc.

333 MARLBOROUGH RD

City & State

W. PALM BEACH FL

Zip

33405

Country

USA

3. New Mailing Office Address, If Applicable
C/O JOHN C. REYSON

Suite, Apt. #, etc.

333 MARLBOROUGH RD

City & State

W. PALM BEACH FL

Zip

FL 33405

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1992

5. FEI Number

65-0437367

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	REYSON, JOHN CHARLES	1155 US HWY 1 STE 205 333 MARLBOROUGH RD WEST PALM BEACH, FL 33405	JUNO BEACH FL WEST PALM BEACH, FL 33405
			300002594753--9 -07/22/98--01009--009 ***1050.00 ***1050.00

REINSTATEMENT 96-98
B. 7/17

8. Name and Address of Current Registered Agent

KRAMER, SCOTT
1155 US HWY 1
SUITE 205
JUNO BEACH FL 33408

9. Name and Address of New Registered Agent

Name
JOHN CHARLES REYSON
Street Address (P.O. Box Number is Not Acceptable)
333 MARLBOROUGH RD
Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33405

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

John C. Reyson

REGISTERED AGENT MUST SIGN

Date 7/14 July '98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

John C. Reyson - John Charles Reyson 10 July '98 361-835-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #