PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV -6 AM 10:55

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11/06/09--01043--009 **665.00

DOCUMENT # F01000001384

REINSTATEMENT 02-09
CR2E08T (12/08)

1. Corporation Name
Joshua Expeditions inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
119 W. virginia st	6841 virginia Pkwy
Suite, Apt. #, etc.: 300	Suite, Apt. #, etc.: 103-452
City & State: McKinney TX	City & State: McKinney TX
Zip: 75069 Country: USA	Zip: 75071 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/15/01

5. FEI Number: 73-1534031 ☐ 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: Amir Mahadi / Joe Moore

Street Address (P.O. Box Number is Not Acceptable): 4281 East County Highway 30-A unit 104

Suite, Apt. #, Etc.: unit 104

City: Santa Rosa Beach State: FL Zip Code: 32459

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Amir M Mahadi Date: 11/03/09
REGISTERED AGENT MUST SIGN

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
CEO	Amir Mahadi	6841 virginia Pkwy ste 103-452	McKinney TX 75071
President	Joe Moore	231 Somerset bridge rd 2103	Santa Rosa Beach, FL 32459
Director	Anthony Hammon	83250 overseas Hwy	Islamorada, FL 33036

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 contained in Chapter 119, 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: Amir M Mahadi Amir Mahadi CEO 11/03/09 972-542-3024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #