2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M22809

FILED Dec 01, 2004 Secretary of State

Entity Name	e: JOE CLEA	NERS FRANCHISE CORP.		
Current Pri	ncipal Place o	of Business:	New Principal Place of	of Business:
16766 N.W. MIAMI, FL 3				
Current Mai	iling Address	:	New Mailing Address	:
16766 N.W. MIAMI, FL 3				
FEI Number: 6	5-0075285	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
16766 NW 6 MIAMI, FL 3	33015 US	ubmits this statement for the pur	pose of changing its registered	office or registered agent, or both,
16766 NW 6 MIAMI, FL 3	37 AVE 33015 US named entity su	ubmits this statement for the pur	pose of changing its registered	l office or registered agent, or both,
16766 NW 6 MIAMI, FL 3 The above n	67 AVE 83015 US named entity su of Florida. E:	·		l office or registered agent, or both,
16766 NW 6 MIAMI, FL 3 The above n in the State of	67 AVE 83015 US named entity su of Florida. E:	ubmits this statement for the pur c Signature of Registered Agent		I office or registered agent, or both, Date
16766 NW 6 MIAMI, FL 3 The above n in the State of SIGNATURE	amed entity substitution of Florida. Electronics	·		
16766 NW 6 MIAMI, FL 3 The above n in the State of SIGNATURE	amed entity substitution of Florida. Electronics	© Signature of Registered Agent (2)(b), F.S., the corporation did not re Trust Fund Contribution ().	eceive the prior notice.	
16766 NW 6 MIAMI, FL 3 The above n in the State of SIGNATURE In accordance Election Camp OFFICERS Title: Name: Address:	amed entity support of Florida. Electronic with s. 607.1936 paign Financing	© Signature of Registered Agent (2)(b), F.S., the corporation did not re Trust Fund Contribution (). ORS: Delete DSANNA (E.	eceive the prior notice. ADDITIONS/CHANGE	Date

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSANNA CALABRESE SD 12/01/2004