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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -5 AM 8:49

DOCUMENT #

1. Corporation Name

JO1000093597
JOTEE ASSOC

REINSTATEMENT

05-06

2. Principal Office Address

2143 NW 53rd St

3. Mailing Office Address

3009 YAMATO Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-6

City & State

Boca Raton Fla

City & State

Boca Raton, Fla

Zip

Country

33496 USA

Zip

Country

33434 USA

4. Date Incorporated or Qualified To Do Business in Florida

9/25/01

5. FEI Number

65-1147703

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

JOAnn BARKIN TEMAN

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

2143 NW 53rd St

Suite, Apt. #, Etc.

01/05/07--01050--004 **300.00

City

Boca Raton

State

FL

Zip Code

33496

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

JOAnn B. Teman

REGISTERED AGENT MUST SIGN

Date

1/4/07

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
PRES.	JOAnn B TEMAN	2143 NW 53 rd St	Boca Raton, Fla 33496

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAnn B. Teman

Date

1/4/06

Daytime Phone #

561 706 6022

JoAnn B 1/4/07

To Whom it May Concern:

I did not receive
my notice for 2005 + 2006
as my address was changed
and never rec'd the notice.
Please, a request to waive
the \$600 reinstatement fee!

Thank you -

JoAnn Bethin Temen