PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 SEP 11 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082145

REINSTATEMENT 04-06

CR2E081 (12/05)

1. Corporation Name: Joe Robertson Enterprises, Inc.

2. Principal Office Address	3. Mailing Office Address
5985 W. Hwy 40	821 SE 13TH Ave
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: Ocala, Fl.	City & State: Ocala, Fl.
Zip: 34482 Country: Marion	Zip: 34471 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/29/02

5. FEI Number: 04-3706094 ☐ 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: Joe Robertson

Street Address (P.O. Box Number is Not Acceptable): 821 SE 13TH Ave

Suite, Apt. #, Etc.:

City: Ocala | State: FL | Zip Code: 34471

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: Joseph C. Robertson Date: 9/8/06
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
Sec	Amy D. Robertson	821 SE 13TH Ave	Ocala, Fl. 34471

700079?3447
09/13/06--01034--004 **450.00

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: Joseph C. Robertson 9/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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TO: Division of Corporations

FR: Joe Robertson

RE: Corporate Re-instatement

DT: 9/8/06

Please Accept the attached form & payment for my Corporation, Joe Robertson Enterprises, Inc., to be Re-instated. I received no letters indicating a need to fill out forms or make payment in 2004 or Beyond. I Apologize for my Ignorance concerning this matter & will not allow it to Happen Again.

Sincerely,

Joseph E Robertson

C. (352) 266-6511
H. (352) 351-2459