

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000032546

FILED
Sep 24, 2007
Secretary of State

Entity Name: JOEL INSTITUTE INC

Current Principal Place of Business:

19267 FISHERMANS BEND DR.
LUTZ, FL 33558

New Principal Place of Business:

2202 N. WESTSHORE BLVD
SUITE 200
TAMPA, FL 33607

Current Mailing Address:

19267 FISHERMANS BEND DR.
LUTZ, FL 33558

New Mailing Address:

2202 N. WESTSHORE BLVD
SUITE 200
TAMPA, FL 33607

FEI Number: 20-4488269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWNBORN, PAULA E
2202 N. WESTSHORE BLVD., SUITE 200
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PE CROWNBORN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CROWNBORN, PAULA E
Address: 2202 N. WESTSHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33607

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CROWNBORN, DAVID E
Address: 2202 N. WESTSHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33607

Title: VP () Change (X) Addition
Name: CROWNBORN, PAULA E
Address: 2202 N. WESTSHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33607

Title: DIR () Change (X) Addition
Name: NELSON, DOMNICK
Address: 1105 RIDGEFIELD DR
City-St-Zip: VALRICO, FL 33594

Title: DIR () Change (X) Addition
Name: NELSON, ALICIA
Address: 1105 RIDGEFIELD DR
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PE CROWNBORN

Electronic Signature of Signing Officer or Director

VP

09/24/2007

Date