

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 29 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-04

500034550405
04/29/04--01017--009 **\$600.00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 99000032902

1. Corporation Name
Journet Adventures Inc.

2. Principal Office Address
461 SE 18th AVE

3. Mailing Office Address
461 SE 18th AVE

City & State
Deerfield Bch FL

Zip 33441 **Country** USA

4. Date Incorporated or Qualified To Do Business in Florida 4/26/1995

5. FEEL Number 650589291

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name Al Goldberg

Street Address (P.O. Box Number is Not Acceptable)
461 SE 18th AVE

Suite, Apt. #, Etc.
Deerfield Bch FL

City Deerfield Bch FL **State** FL **Zip Code** 33441

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 Al Goldberg **Date** 4/26/04

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
Chief Officer	Alan Goldberg	461 SE 18th AVE	Deerfield Bch FL 33441
Officer	Jean Goldberg	461 SE 18th AVE	Deerfield Bch FL 33441

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 under section 119.07(3)(i), 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: Alan T. Goldberg **Date** 4/26/04 **Daytime Phone #** 954-571-5129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (03/04)

2

4/26/04

To whom it may concern;

I never recieved notice for 2001 because of error in address. Enclosed please find reinstatement form plus a check for \$600.00.

Thanks

Alan Jellberg