


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 408683 1. Entity Name JO-NET, INC.			
Principal Place of Business 2916 NE 23RD AVENUE LIGHTHOUSE POINT, FL 33064		Mailing Address 2916 NE 23RD AVENUE LIGHTHOUSE POINT, FL 33064	
2. Principal Place of Business - No P.O. Box # 1067 MARBLE LANE Suite, Apt. #, etc.		3. Mailing Address 1067 MARBLE LANE Suite, Apt. #, etc.	
City & State BOCA RATON FL		City & State BOCA RATON	
Zip 33442	Country	Zip 33442	Country
4. FEI Number 59-1526360		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PATTILLO, NETTIE DOCKERY 2916 NE 23RD AVENUE LIGHTHOUSE POINT, FL 33064		7. Name and Address of New Registered Agent Name PATTILLO, NETTIE DOCKERY Street Address (P.O. Box Number is Not Acceptable) 1067 MARBLE LANE City BOCA RATON FL Zip Code 33442	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Nettie Dockery, Pres.</i></u> 9/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PATTILLO, NETTIE DOCKERY 2916 NE 23RD AVENUE LIGHTHOUSE POINT, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PATTILLO, NETTIE DOCKERY 1067 MARBLE LANE BOCA RATON FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENN, BETTY 2916 NE 23RD AVE LIGHTHOUSE POINT, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENN, BETTY 1067 MARBLE LANE BOCA RATON FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Nettie Dockery, Pres.</i></u> 9/25/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 9/25/07 Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2007

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