

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 500150

1. Entity Name  
JOECAT ENTERPRISES, INC.



Principal Place of Business  
4747 PIRATES BAY DRIVE  
JACKSONVILLE, FL 32210

Mailing Address  
4747 PIRATES BAY DRIVE  
JACKSONVILLE, FL 32210

FILED  
05 NOV -7 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09272005 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-1734829

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, VIVIAN C  
4747 PIRATES BAY DRIVE  
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-30-05

FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME TURNER, JOE C JR  
STREET ADDRESS 4747 PIRATES BAY DR.  
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE VSTD ☐ Delete  
NAME TURNER, VIVIAN C  
STREET ADDRESS 4747 PIRATES BAY DR.  
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600060458476  
CITY-ST-ZIP 10/17/05--01002--007 \*\*750.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOE TURNER

10/17/05

Date

904-759-1704

Daytime Phone #

REINSTATEMENT 05

Robert G. Roberts NOV 09 2005