

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

03 APR 22 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 637819

1. Corporation Name

JOSEPH / JOSEPH PA.

59-1946519

202-2003
15R

2. Principal Office Address

1776 N Pine Island Rd

Suite, Apt. #, etc.

#106

City & State

PLANTATION FL

Zip

33322

Country

Brow

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

400016670504

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07-16-02-90364-024 95580

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1946519

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

JEFFREY FRADATMAN

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

1776 N Pine Island Rd

Suite, Apt. #, Etc.

#106

City

PLANTATION

State
FL

Zip Code

33322

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

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
Pres	JEFFREY FRADATMAN	1776 N Pine Island Rd PLANTATION	FL 33322

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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