

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 NOV 17 PM 12:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **641529** (3)

1. Corporation Name
Joeliz Enterprises, Inc.

Principal Place of Business Mailing Address
SAME 650 SW 119 AVE
MIAMI FL 33184

REINSTATEMENT 910-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida Oct 9 1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-0769752	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>SEE INSTRUCTIONS FOR PROPER USE OF THIS CHECK BOX</small>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President	ZONIA C. REYES 650 SW 119 AVE MIAMI FL 33184		
VST	JOSE REYES	650 SW 119 AVE MIAMI FL 33184	
V	ELIZABETH RODRIGUEZ	650 SW 119 AVE MIAMI FL 33184	
V	JOSEPH REYES	650 SW 119 AVE MIAMI FL 33184	
			00003060800--4 -12/03/99--01098--033 ***1208.75 ***1208.75 LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ZONIA C. REYES 650 SW 119 AVE MIAMI FL 33184		Name SAME	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *Zonia Reyes* Date 11-13-99
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Zonia Reyes* **ZONIA C. REYES President** 11/13/99 (305) 826-3189
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E01 (12/98)