PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 30 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H 24861

1. Corporation Name

JOY AUTO BODY, INC.

REINSTATEMENT 01-04

2. Principal Office Address	**3.** Mailing Office Address	
481 N. MILITARY TRAIL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

4. Date Incorporated or Qualified To Do Business in Florida 10-09-1984

City & State	City & State	
WEST PALM BEACH, FL		

5. FEI Number 59-2453375   Applied For / Not Applicable

Zip	Country	Zip	Country
33415	USA		

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

7. Name and Address of Current Registered Agent

Name JOY KENNETH A.

Street Address (P.O. Box Number is Not Acceptable) 18 HARBOUR DR S.

000035786970
05/07/04--01095--024 **600 00

Suite, Apt. #, Etc.

City OCEAN RIDGE	State FL	Zip Code 33435

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 _____ Date 4.22.04
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
P	JOY, KENNETH A	481 MILITARY TRAIL	WEST PALM BCH FL 33415
V	JOY, KERRY N	481 MILITARY TRAIL	WEST PLM BCH FL 33415
T	JOY, ELIZABETH	481 MILITARY TRAIL	WEST PLM BCH FL 33415

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: _____   4.22.04   561.471.5391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (01/04)