

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 OCT 18 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J47606

1. Corporation Name

JOINER VAN & STORAGE, INC.

Principal Place of Business

Mailing Address

3454 ALOMA AVE  
PO BOX 149505  
ORLANDO FL 32814

~~3454 ALOMA AVE~~  
PO BOX 149505  
ORLANDO FL 32814

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

2. New Principal Office Address, If Applicable

3454 Aloma Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 149505

Suite, Apt. #, etc.

City & State

Winter Park FL

Zip

32792

Country

USA

City & State

Orlando FL

Zip

32814

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1986

5. FEI Number

59-2776734

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	HOBBS, RANDALL W.	500 LAKE MILLS ROAD	CHULUOTA FL
SD	DENTON, JACQUELINE J.	175 E. WEBSTER AVE.	WINTER PARK FL
D	HOBBS, CYNTHIA	500 LAKE MILLS ROAD	CHULUOTA FL
			900003446998--0
			-11/01/00--01035--022
			***750.00 ***750.00

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

HOBBS, RANDALL W.  
500 LAKE MILLS ROAD  
CHULUOTA FL 32766

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Randall W. Hobbs*  
REGISTERED AGENT MUST SIGN

Date

10/16/00

11. 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:

*Randall W. Hobbs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00  
Date

907-677-0907  
Daytime Phone #

CR2E040 (8/00)