

CAPITAL CONNECTION

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05/20 '99 09:31 NO 363 02/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J59154

1. Corporation Name

JOYLAND COUNTRY ENTERPRISES, INC.

Principal Place of Business

11225-US HWY 19
CLEARWATER, FL.
33764

Mailing Address

11225-US HWY 19
CLEARWATER, FL.
33764

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

FEB 25, 1987

5. FEI Number

59-2761958

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)

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
D	WALTER PRESTON	11225-US HWY 19	CLEARWATER, FL. 33764
VP	BETTY PRESTON	11225-US HWY 19	CLEARWATER, FL. 33764
S	JERRY LAMBERT	11225-US HWY 19	CLEARWATER, FL. 33764
			700002882787--2
			06/02/99-01067-008
			***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

BETTY PRESTON

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

11225-US HWY 19

Suite, Apt. #, Etc.

City

CLEARWATER

State Zip Code

FL 33764

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.030, F.S.

Signature of
Registered Agent

Betty Preston

REGISTERED AGENT MUST SIGN

Date

MAY 20-1999

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 317, 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 19.07(3)(c), 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.