James .	
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	SEGRETARY OF STATE DIVISION OF CORPORATIONS OI OCT 15 PM 6: 59
DOCUMENT # K 0 86 1. Corporation Name JOE'S Hutomoti	82 ive clinic, Inc	
2. Principal Office Address 3/6 MAIN ST. Suite, Apt. #, etc.	3. Mailing Office Address SAME Suite, Apt. #, etc.	REINCT.TEMENT 87.07
		4. Date Incorporated or Qualified To Do Business in Florida / 2 /23 /87
DAYTONA BEACH,	City & State	5. FEI Number Applied For
Zip Country 32118 USA	Zip Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Registe	ered Agent
	LITER I. SNELL NOT ACCEPTABLE) NOT ACCEPTABLE) NOT ACCEPTABLE NOT ACCEPTAB	5000046554261 -10/26/0101071013 ***1517.50 ****758.75
Signature of Registered Agen	ove named corporation, am familiar with and accept the	obligations of section 607.0505 or 617.0503, F.S. Date 10-12-01
9. Names and Street Addresses of Each Officer an	nd/or Director (Florida nonprofit corporations must list at Street Address of Ea	ch
Officers and/or Directors	Suseph 316 MAIN St	
		AD
this reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate, and my sometimes of the corporation in the corporation of the corporation is true and accurate, and my sometimes of the corporation in the corporation is true and accurate, and my sometimes of the corporation in the	solution has been eliminated, the corporate name satisfied anames of individuals listed on this form do not qualify fo	s provided for in chapter 607 or 617, F.S. I further certify that when filing es the requirements of section 607.0401 or 617.0401, F.S., that all fees or an exemption under section 119.07(3)(i), F.S. The information indicated