PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K 83633

City & State

JOAN MAREE'S OF DELRAY BCH. INC.

2. Principal Office Address 3. Mailing Office Address 1040 CARLTONARHS BU Suite, Apt. #, etc

City & State

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STICRETARY OF STATE

To Do Business in Florida

Applied For Not Applicable

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		7. Name and Address of Current Reg	istered Agent		
Name O O A Street Addre 1 2 // Suite, Apt. #,	ss (P.O. Box Number is Not Accep			V08/00	1 47 5 5 01012026
[<i>H</i>	OUSE ADENTON		State FL	Zip Code	2.2
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Country

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

REGISTERED AGENT MUST SIGN

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

Name of Officers and/or Directors Titles Officer and/or Director MIRISOLA-1214 HAGLE PARK RD BRADENTON, FA

Street Address of Each

City / State / Zip

1214 HACLE PARK RD. BRADENTON, FL 34300

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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: