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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAROUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dodopa@earthlink.net

LIMITED LIABILITY REINSTATEMENT
THE JOANK GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$377.50

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TALLAHASSEE, FLORIDA

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JEAN P. GOLDBERG
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LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L07000063558

1. Limited Liability Company's Name

The Joank Group, LLC

[Handwritten signature]

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 3131 Ash Park Loop		3. Mailing Office Address 3131 Ash Park Loop	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32792	Country USA	Zip 32792	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 06/18/2007	
6. FEI Number	Applied For ☐ Not Applicable ☐
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Goldberg, Dorie			
Street Address (P.O. Box Number is Not Acceptable) 3131 Ash Park Loop			
Suite, Apt. #, Etc.			
City Winter Park	State FL	Zip Code 32792	

E-mail Address: dodopa@earthlink.net (To be used for future annual report/notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: **/s/ DORIE GOLDBERG**

Date: _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Dorie Goldberg	3131 Ash Park Loop	Winter Park, FL 32792

REINSTATEMENT 2011-2012

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing Member/Manager

Date

Daytime Phone #

407-493-3311

Typed or printed name of signing Managing Member/Manager: **Joan P. Goldberg, Trustee of the Henry B. Goldberg & Joan P. Goldberg Joint Living Trust**

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