PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

L60868

JOYLE CAPITAL HOLDINGS, INC.

Principal Place of Business

🕾 OLIVER J. WILLIAMS JR.

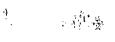
N.E. 73RD ST FL 33138

1. Corporation Name

Mailing Address

C/O OLIVER J. WILLIAMS JR. 513 N.E. 73RD ST

MIAMI FL 33138



FILED

00 JAN 10 AM 9: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA



lf above	addresses are incorrect in any way, line	through incorrect in	nformation and enter	correction below	REIN	ISTATEME	N77 - (\mathcal{Y}
	Principal Office Address, If Applicable	ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 03/23/1990				
Suite, Apt. #, etc. Suite, Apt. City & State City & State			y & State		5 FFI Number			i For
					03-U190371 Not.		Not App	
Zip	Country	Zip	Counti	у	6. CERTIFICA		75 Additional Fee for a Certificate of	
7. Name	s and Street Addresses of Each Officer a	nd/or Director (Flo	rida nonprofit corpora	ations must list at le	east 3 directors)			
Title(s) Name of Officers and/or Directors			l of	reet Address of Ead ficer and/or Director se Post Office Box	tor City / State / Zip			
PD WILLIAMS, OLIVER J.JR.			513 N.E. 73RD ST.		MIAMI FL			
					2	00003095 -01/15/00 ***1208.75	9962 01001001 ***1208.	-5 7 75
	8. Name and Address of Curre	nt Registered Age	ent	Name	9. Name and	Address of New Registered	Agent	
WILLIAMS OLIVER J. JR.								
513 N.E. 73RD STREET				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33138				Suite, Apt. #, Et	c.		 	
ን		\ /	M no	City		State	Zip Code	
10. I, beir Signature Registere	of d Agent	\		ith and accept the	obligations of Sec	Date	e)	
	his corporation owes or tangible Personal Prope			ar Yes	No 🗌		de for information ngible tax.)	KE
	ly that I am an officer or director or the reinstatement application, the reason for di							

2. 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 comporate 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 individual listed on this father 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:

SIGNATURE AND TYPED OR PRINTED DA

NAME OF SIGNING OFFICER OR DIRECTO

100 305-757-1662