


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N01000008558</u>			
1. Corporation Name <u>JOYWA INC</u>			
2. Principal Office Address <u>1653 TERRY CIB</u> Suite, Apt. #, etc. <u>Bld 3</u> City & State <u>PORT ST. LUCIE</u> Zip <u>34952</u> Country <u>U.S.</u>		3. Mailing Office Address <u>P.O. Box 12088</u> Suite, Apt. #, etc. City & State <u>FORT PIERCE FL.</u> Zip <u>34989</u> Country <u>U.S.</u>	

FILED
05 NOV 14 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05

CR2E081 (8/05)
T. Roberts NOV 15 2005

4. Date Incorporated or Qualified To Do Business in Florida 12-5-01

5. FEI Number 02-0532186 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name <u>RUTH CRICHLON</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1601 SE MARY LN.</u>	
Suite, Apt. #, Etc. <u>300061624883</u>	
City <u>PORT ST. LUCIE</u> State <u>FL</u> Zip Code <u>34952</u>	

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 Ruth Crichton Date 11-5-05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CED	THOMAS CONNOLLY	1573 HOLIDAY RD.	P.S.L. FL. 34952
P/T	RUTH CRICHLON	1601 SE MARY LN.	P.S.L. FL. 34983
C.	HEATHER LAMM	3118 DEAN STUBER DR.	FT. PIERCE FL 34946
AS.	ERNA BEAKER	1953 SE. HILLMORE	W160. P.S.L. FL 34952
H.D.	RUTH DAVIS	517 N. 15 ST.	FT. PIERCE
VC	HENRY OSWALD	Spring Village	ST. CATHERINE SA. MS

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. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: J. Connolly 11-4-05 772-834-7297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #