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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN -6 PM 12:29

DOCUMENT # N03000000437

1. Corporation Name
Jarrett's Joy Cart of Orlando, Inc.

000190207670
01/06/11--01030--003 **297.50

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1510 E. Colonial Dr.		1510 E. Colonial Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando		City & State: Orlando	
Zip: FL	Country: 32803	Zip: FL	Country: 32803

4. Date Incorporated or Qualified To Do Business in Florida: 01/17/2003

5. FEI Number: 36-4519853 ☐ 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: Jeremy S. Sloane, Esq.

Street Address (P.O. Box Number is Not Acceptable): 421 W. Fairbanks Avenue

Suite, Apt. #, Etc.: Suite No. 2

City	State	Zip Code
Winter Park	FL	32789

09-10
REINSTATEMENT
B. 1/7/11

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: _____ Date: 22 DEC 2010
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
P/D	Keith Coker	1205 Winter Springs Blvd.	Winter Springs, FL 32708
VP/D	Chriss Rhode	481 Allison Ave.	Longwood, FL 32750
S/D	Luci Coker	1205 Winter Springs Blvd.	Winter Springs, FL 32708
T/D	Olga Adams	1626 Tiverton St.	Winter Springs, FL 32708
D	Yvette Rhode	481 Allison Ave.	Longwood, FL 32750
D	Jeremy S. Sloane	421 W. Fairbanks Ave., Ste. No. 2	Winter Park, FL 32789

10. E-mail Address: jsloane@vasallosloane.com
(To be used for future annual report notification)

11. 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. I further certify, 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: _____ Keith Coker 12/8/10 407-228-7290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

APPLICATION FOR CORPORATION REINSTATEMENT

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9. Names and street addresses of additional directors:

Title	Name	Street Address	City / State/ Zip
D	Marni J. Spence	CNL Center II, 420 S. Orange Ave., Ste. 500	Orlando, FL 32801
D	Albert J. Cooper III	1933 Caladium Pl.	Longwood, FL 32750
D	Lisa L. Cooper	1933 Caladium Pl.	Longwood, FL 32750
D	Kim Taylor	2305 Edgewater Dr. #1714	Orlando, FL 32804