

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 APR -2 A 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33093

1. Corporation Name

Joy Center, Inc

2. Principal Office Address - No P.O. Box #

2121 Pelican Terr.

3. Mailing Office Address

PO 212

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

City & State

Stuart, FL

Zip

34957

Country

USA

Zip

34995

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-30-89

5. FEI Number
650131176

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

Peter Murray

Street Address (P.O. Box Number is Not Acceptable)
2121 Pelican Terr.

Suite, Apt. #, Etc.

City

Jensen Beach

State
FL

Zip Code
34957

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date **March 27, 2009**

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 |
|--------|--------------------------------------|---|------------------------|
| D | Jayne Meyers | 2121 Pelican Terr. | Jensen Beach, FL 34957 |
| D P | Peter Murray | 2121 Pelican Terr. | Jensen Beach, FL 34957 |
| D | Jim Wantiez | 2121 Pelican Terr. | Jensen Beach, FL 34957 |
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REINSTATEMENT
07-09
088

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04/02/09--01037--029 **183.75

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 contained in Chapter 119, 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:

Peter Murray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-2009

Date

Do NOT PUBLISH
772 634 4011

Daytime Phone #

PLEASE EXPEDITE