PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48697

1. Corporation Name

JOE-BILL ASSOCIATION, INC

REINSTATEMENT 95-01

2. Principal Office Address	**3.** Mailing Office Address
1861 N. POWERLINE ROAD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH FL	City & State
Zip: 33069 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: MAY 04 1992

5. FEI Number: 65-0334827 ☐ 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: WILLIAM CHAPMAN

Street Address (P.O. Box Number is Not Acceptable): 12034 N.W. 49TH DRIVE

700004729797--6
-12/18/01--01016--002
****603.75 ****603.75

Suite, Apt. #, Etc.

City: CORAL SPRINGS FL State: FL Zip Code: 33076

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: NOV 21, 2001

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PRES-D	WILLIAM CHAPMAN	12034 NW 49TH DRIVE	CORAL SPRINGS FL 33076
VP-D	JOSEPH LETELIER	2599 N.W 185TH STREET	CITRA FLORIDA 32113
S,T-D	WILLIAM A. PRATT	8830 N.W. 18TH STREET	CORAL SPRINGS FL 33071

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. 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: _____ WILLIAM CHAPMAN 12/04/2001 954-960-0035

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