

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
9-21/01 90003 028 6125  
02 JUN 19 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000875

1. Corporation Name

JOEL'S PLACE INC

100005978891--8  
-06/25/02--01063--005  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

2. Principal Office Address

4565 WOODMERE Lane

Suite, Apt. #, etc.

Lake Worth

City & State

Lake Worth

Zip

FL

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33463

Country

PALE BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

2-01-1999

5. FEI Number

650905651

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

Michelle Burnside

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

4565 WOODMERE LANE

Suite, Apt. #, Etc.

LA

City

LAKE WORTH

State

FL

Zip Code

33463

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

Michelle M. A.

REGISTERED AGENT MUST SIGN

Date 13 JUNE 2002

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
C/D	Michelle Burnside	4565 WOODMERE LN	LAKE WORTH, FL 33463
I/D	Rickey Burnside	4565 WOODMERE LN	LAKE WORTH, FL 33463
S/D	NORM RICHARDS	2300 LENA LANE	WEST PALM BEACH, FL 33415
			AR ONLY - 61.25

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)(f), 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:

Michelle M. A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

13 JUNE 2002 561 964 0037

Daytime Phone #

6/24/02