

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
04 MAY -6 AM 8:00

DOCUMENT # P00000001274

1. Corporation Name

M & M REJOYCE, INC.

2. Principal Office Address

167 S. Barfield Dr.

3. Mailing Office Address

1690 Washington Ave.

Suite, Apt. #, etc.

General Nutrition Center

Suite, Apt. #, etc.

City & State

Marco Island, FL

City & State

Bohemia, NY

Zip

34145

Country

USA

Zip

11796

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 01/05/2000

5. FEI Number

74-2940337

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

William G. Morris

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

247 N. Collier Blvd.

Suite, Apt. #, Etc.

202

City

Marco Island

State

FL

Zip Code

34145

588835703355
05/06/04--01028--019 **1050.00

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

4/28/2004

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	Michael G. Joyce	3920 Deer Crossing Court #202	Naples, FL 34114
D	Maureen Joyce	3920 Deer Crossing Court #202	Naples, FL 34114

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:

Michael G. Joyce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael G. Joyce

239-394-0118

Date

Daytime Phone #

CR2E081 (01/04)