

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

05 JAN 10 PM 2:21

DOCUMENT # P00000020840

**1. Corporation Name**

JOYNER HOLDINGS, INC

410 RIVERVIEW LANE

**2. Principal Office Address**

410 RIVERVIEW LANE

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

MELBOURNE, FLORIDA

City & State

Zip  
32951

Country  
BREVARD

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida** 02/29/2000

**5. FEI-Number**  
59-3740684

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  
BONNIE CHILDERS

Street Address (P.O. Box Number is Not Acceptable)  
1445 W. KING STREET

Suite, Apt. #, Etc.

City  
COCOA

State  
FL

Zip Code  
32922

**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

*Bonnie Childers*  
REGISTERED AGENT MUST SIGN

Date 10/05/04

**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	WILLIAM L. JOYNER	410 RIVERVIEW LANE	MELBOURNE, FL 32951
D	WILLIAM J. JOYNER	410 RIVERVIEW LANE	MELBOURNE, FL 32951

**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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/04

Date

321 953-3971

Daytime Phone #

CR2E081 (01/04)