

PS 172

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL -2 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000032762

1. Corporation Name

Joberly Inc

2. Principal Office Address

727 North Drive

Suite, Apt. #, etc.

Suite K

City & State

Melbourne FL

Zip

32934

Country

USA

3. Mailing Office Address

PO BOX 361462

Suite, Apt. #, etc.

City & State

Melbourne FL

Zip

32936

Country

USA

REINSTATEMENT

03-04

500038655115

07/02/04--01070--008 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida

4/00

5. FEI Number

593635401

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

Kimberly Lewis

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

633 Manor Place

Suite, Apt. #, Etc.

City

Melbourne FL

State

FL

Zip Code

32904

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

Kimberly Lewis

Date 6/30/04

REGISTERED AGENT MUST SIGN

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
<u>PRPST</u>	<u>Kimberly Lewis</u>	<u>633 Manor Place</u>	<u>Melbourne FL 32904</u>

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)(l), 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:

Kimberly Lewis

6/30/04

Date

321-723-6999

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

19 2 8 2

Sign Pro
PO Box 361462
Melbourne FL 32936
321-723-6999

June 30, 2004

Florida Division of Corporations
Department of State
PO Box 6327
Tallahassee, FL 32314

RE: Document # P00000032762

To Whom It May Concern,

I am writing this letter because I have not received my annual report to send in for my corporation. I just realized this so I went online to see about filing it electronically and noticed it says my status is inactive. I sent in my report for 2003 on April 16, 2003 with my check for \$150.00. I just checked with my bank and the check did not clear. I was not aware of this because I had changed banks from Wachovia to Indian River National Bank at that time and thought all checks had cleared my Wachovia account. We moved the business last year so the address that is on file right now is incorrect so if the report or correspondence was sent, I never received it. I have submitted the application for reinstatement along with my check in the amount of \$308.75 for last years fee, the 2004 fee as well as the \$8.75 for a certificate of status. I am asking for you to waive the reinstatement fee. Please contact me if you require any additional information. Thank you for your prompt attention to this very important matter.

Sincerely,



Kimberly Lewis

President

Jobberly Inc, DBA Sign Pro