

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP -3 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000049788

1. Corporation Name

JODOLOIS ENTERPRISES, INC.

2. Principal Office Address

6890 ROYAL PALM BLVD

Suite, Apt. #, etc.

H-105

City & State

MARGATE, FL

Zip

33063

Country

USA

3. Mailing Office Address

11728 HAPPY CHOICE LN

Suite, Apt. #, etc.

City & State

GAITHERSBURG, MD

Zip

20878

Country

USA

400040808144

03/03/04--01039--007 **458.75

4. Date Incorporated or Qualified
To Do Business in Florida

5-15-00

5. FEI Number

593655923

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

DOMINIC SANTOPIETRO

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

6890 ROYAL PALM BLVD

H-105

Suite, Apt. #, Etc.

H-105

City

MARGATE

State

FL

Zip Code

33063

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

Dominic Santopietro
REGISTERED AGENT MUST SIGN

Date

8/31/04

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
P/V/T S/B	DOMINIC SANTOPIETRO	6890 ROYAL PALM BLVD H-105	MARGATE, FL 33063

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:

Dominic Santopietro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-04

Date

240-603-1056

Daytime Phone #

CR2E081 (01/04)

August 31, 2004

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

Re: JoDoLiS Enterprises, Inc.
Reinstatement

To Whom It May Concern

We are requesting reinstatement of our corporation JoDoLiS Enterprises, Inc. due to our non receipt of the annual report form. As such we have not filed any paperwork for the years 2002, 2003 and 2004. Enclosed is a check in the amount of Four hundred fifty dollars (\$450) for reinstatement.

Our form shows our current address as well as a different mailing address. We appreciate your speedy help with this matter. Thank you in advance for your help and cooperation.

Thank you,



Dominic Santopietro
President
JoDoLiS Enterprises, Inc.

