

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

DOCUMENT # P00000055177

1. Corporation Name

JOENEL, INC.

Principal Place of Business

777 NW 72ND AVENUE
SUITE 3-G-18 8
MIAMI FL 33126

Mailing Address

777 NW 72ND AVENUE
SUITE 3-G-18 8
MIAMI FL 33126

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

777 NW 72 AVE

Suite, Apt. #, etc.

SUITE 3G8

City & State
MIAMI, FL

Zip
33126

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/2000

5. FEI Number

65-1039212

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MAYA, JOSE	777 NW 72ND AVENUE #3-G-16	MIAMI FL 33126
VSD	CASTELLANOS, NELSON F	5625 SW 60TH AVENUE	MIAMI FL 33143

000004745500--1

-12/31/01-01080-025

****150.00 ****150.00

8. Name and Address of Current Registered Agent

MAYA, JOE
777 NW 72ND AVENUE
SUITE 3-G-18 8
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

JOE MAYA

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

777 NW 72 ND AVE

Suite, Apt. #, Etc.

3G8

City

MIAMI

State

FL

Zip Code

33126

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/19/2001

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/2001 MW



FILED

01 DEC 17 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (8/01)

October 17, 2001

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, fl 32314

RE: Joenel, Inc.
Application for Reinstatement
Document # P00000055177

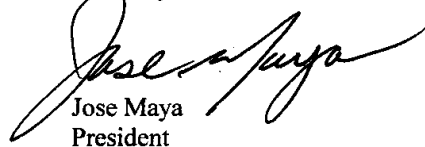
Dear Sir or Madam:

Concerning the above-mentioned application for reinstatement for year 2001, I respectfully request your consideration in abating the late filing penalty due to reasonable cause.

This is my second year with a corporation; your original reinstatement request was not received, there for I was unaware of the due date for reinstatement. I became aware of this problem with the form just received. Due to the national circumstances, needless to say, my sales have dropped 50 % may this reinstatement late fee be waived, please advice.

Thanking you in advance for your consideration in this matter.

Sincerely,


Jose Maya
President