

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000010779**

1. Corporation Name

**JOINT RESTORATION RESEARCH LABORATORY, INC.**

Principal Place of Business

11121 HARBOUR ESTATE CIRCLE  
FT MYERS FL 33908

Mailing Address

11121 HARBOUR ESTATE CIRCLE  
FT MYERS FL 33908

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

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

01/29/2001

5. FEI Number

65-1070747

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MARKOVICH, GEORGE	11121 HARBOUR ESTATE CIRCLE	FT MYERS FL 33908

600008581466

10/25/02--01008--007 \*\*150.00

10/29

8. Name and Address of Current Registered Agent

MARKOVICH, AMY  
11121 HARBOUR ESTATE CIRCLE  
FT MYERS FL 33908

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature of Amy Markovich*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/22/02

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 #

10/22/02 (239) 415-0100

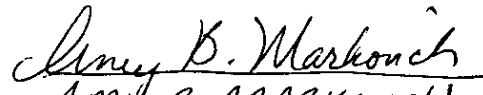
CR2040 (8/02)

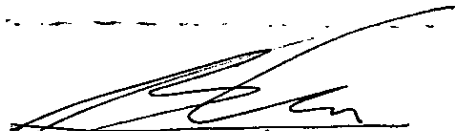
10-22-02

TO: Department of State  
FROM: Joint Restoration Research Labs, Inc.

The company did not receive the  
prior UBR notices. Please waive the \$750  
charge.

Thank you.

  
Amy B. MARKOVITCH  
secretary  
Joint Restoration Research Labs

  
GEORGE D. MARKOVITCH  
president  
Joint Restoration Research Labs.