

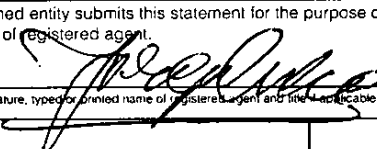
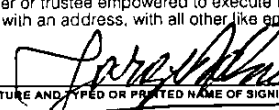


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000054094 1. Entity Name JOA, INC.						FILED 06 OCT -9 PM 2:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																	
Principal Place of Business 711 N.W. 76 TERR PEMBROKE PINES, FL 33024				Mailing Address 711 N.W. 76 TERR PEMBROKE PINES, FL 33024																																			
2. Principal Place of Business 631 NW 45 Ave		3. Mailing Address 631 NW 45 Ave																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																					
City & State Miami, FL		City & State Miami, FL																																					
Zip 33126		Country USA		Zip 33126		Country USA																																	
4. FEI Number 65-1109055				Applied For <input type="checkbox"/> Not Applicable																																			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																			
6. Name and Address of Current Registered Agent DULCE, JORGE R 711 N.E. 76 TERR PEMBROKE PINES, FL 33024				7. Name and Address of New Registered Agent Name DULCE, JORGE R Street Address (P.O. Box Number is Not Acceptable) 631 NW 45 AVE City MIAMI FL Zip Code 33126																																			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																							
SIGNATURE 				DULCE, JORGE R		10/4/2006																																	
<small>Signature, typed or printed name of registered agent and title (Applicable)</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>																																	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																							
SIGNATURE: 				DULCE, JORGE R		10/4/2006																																	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>																																	

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam at the Florida Division of Corporation,

As per our conversation on October 2, 2006 we write this letter on behalf of:

JOA, INC

MAILING ADDRESS

631 NW 45 AVE
MIAMI, FL 33126

Document Number
P01000054094

FEI Number
651109055

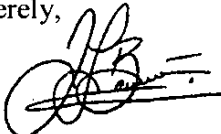
Date Filed
05/31/2001

The representative at the Division allowed us to pay the regular annual fee for this year's renewal. This corporation never received its annual report renewal card and we ask that you please waive the reinstatement fee due to non-receipt of the notice.

I am sending a check for \$150.00 this year's renewal.

Thank you very much for your understanding,

Sincerely,

A handwritten signature in black ink, appearing to be 'J. Banos', with a large circular flourish underneath.

Jorge Banos
Agent of the President