

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED JUN 26 2005
05 JUN 27 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 02 000067860**

1. Corporation Name
JOIES CORP.

2. Principal Office Address
18100 N. BAY ROAD UNIT 1108

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SUNNY ISLES-FLORIDA

City & State

Zip
33160

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **06-20-2002**

5. FEI Number
43-1966549

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
CLAUDIA CZETYRKO CPA

Street Address (P.O. Box Number is Not Acceptable)
7660 SW 83 COURT

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33143

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **06-16-05**

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
DP	CARLOS GOMEZ	18100 N.BAY RD. #906	SUNNY ISLES-FL 33160
DV	FABIAN M GARCIA	18100 N. BAY RD. #906	SUNNY ISLES-FL 33160
DS	HILDA M GIORGETTI	18100 N. BAY RD. #906	SUNNY ISLES-FL 33160
DT	KARINA A SUAREZ	18100 N. BAY RD. #906	SUNNY ISLES-FL 33160

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-16-05

Date

305-279-3686

Daytime Phone #

CR2E081 (01/05)