

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000069566

1. Entity Name
JOEL AUTOMOTIVE, INC.



FILED
04 NOV 29 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4301 OAK CIRCLE
10
BOCA RATON, FL 33431

Mailing Address
2001 N DIXIE HWY, UNIT B
POMPANO BEACH, FL 33060

2. Principal Place of Business
4301 OAK CIRCLE
Suite, Apt. #, etc.
10
City & State
BOCA RATON FL
Zip
33431 Country

3. Mailing Address
4301 OAK CIRCLE
Suite, Apt. #, etc.
10
City & State
BOCA RATON
Zip
33431 Country



REINSTATEMENT 2004

4. FEI Number
04-3696216

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SANTANA, JUDITH R.
2001 N DIXIE HWY, UNIT B
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent
Name
JUDITH R. SANTANA
Street Address (P.O. Box Number is Not Acceptable)
3610 W HILLSBORO BLVD #207
City
COCONUT CREEK FL Zip Code
33073

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 *Judy Santana* DATE **12-1-04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SANTANA, JUDITH R 3610 W HILLSBORO BLVD #207 COCONUT CREEK, FL 33072 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900042699179 11/12/04--01068--005 **158.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Judy Santana* **JUDY SANTANA** 11-01-04-561-416-9585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #