

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 15 AM 8:00

DOCUMENT # 002000123726

1. Corporation Name

BETTY JOYCE, INC

2. Principal Office Address

12529 MARSH CREEK DR

Suite, Apt. #, etc.

City & State

PONTE VEDRA FL

Zip

32082

Country

ST. JOHNS

3. Mailing Office Address

12529 MARSH CREEK DR

Suite, Apt. #, etc.

City & State

PONTE VEDRA FL

Zip

32082

Country

ST. JOHNS

REINSTATEMENT

03-04  
MRS

4. Date incorporated or Qualified  
To Do Business in Florida

11/04/02

5. FEI Number

☒ 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

WARREN SHELDON

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

12529 MARSH CREEK DR

Suite, Apt. #, Etc.

000041093440

09/15/04--01014--001 \*\*300.00

City

PONTE VEDRA

State

FL

Zip Code

32082

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

9-10-04

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
PRES-	WARREN SHELDON	12529 MARSH CREEK DR	PONTE VEDRA FL 32082

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]* R. WARREN SHELDON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-04

Date

407-924-6748

Daytime Phone #

CR2E081 (01/04)

29<sup>2</sup>

TO ~~WHAT~~ IT MAY CONCERN.

I NEVER RECEIVED MY 2003 FORM  
DUE TO A COUPLE OF MOVES. SO  
I WAS TOLD THE 600<sup>00</sup> WOULD BE  
WAIVED AND TO SEND A CHECK FOR  
300<sup>00</sup>

THANK YOU

WARREN SHELOR