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PLEASE READ ALL INSTRUCTIONS BEFORE C  CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 DEC -1 AM 11: 34
DOCUMENT # \$03000078332  1. Corporation Name Joy's Enterprises of Orlando Inc	ARY OF 3 NE.
2. Principal Office Address  6100 Old Winter Garben RUSTEC Same  Suite, Apt. #, etc.  Suite, Apt. #, etc.	REINSCRIPTIONE OF Qualified S. A. Date Incorporated or Qualified
City & State  Ollando FL  Zip  Country  A  Zip  Country  Zip  Country	To Do Business in Florida  5. FEI Number  5. 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  Toyce Trimble  Street Address P.O. Box Number is Not Acceptable)  3115 F179eard Da 12/06/06-01058-002 **150 00  Suite, Apt. #, Etc.  City Optimido  FL 32805	
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 Date 11/20/06  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles  Name and Speet Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least of the Street Address of Each Officers and/or Directors  Name of Street Address of Each Officer and/or Directors  Officer and/or Director	016. 1.00-1.1.77
Pres. Joyce Trimble 3115 Fitzgerald I V. Pres Samuel Trimble 3115 Fitzgerald (	
V. Yes Damuel leimble 3115 Fitzgerald	DRIANDO, FC 32805
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 contained in Chapter 119, 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: 040 407522-5996 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #	
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## TO WHOM IT MAY CONCERN:

Attached is my annual report that was Remailed to you back in June of 2006. I beceived a letter or post card of Dissolution and though this was a mistake and how checked my bank and the check that sent back has not been cashed either. I called and was inform to resubmit the information. Along with another check for \$ 150.00.

Sincerely Loyce Teimble