


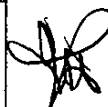
2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000019648 1. Entity Name CHRIS JOINER, INC.	
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FILED

07 AUG 16 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




REINSTATEMENT

08/16/07 06:07

Principal Place of Business 5124 MEDULLA RD LAKELAND, FL 33811		Mailing Address 5124 MEDULLA RD LAKELAND, FL 33811	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOINER, CHRIS 5124 MEDULLA RD LAKELAND, FL 33811		Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code	

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:  DATE: **6-11-07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOINER, CHRIS			NAME			
STREET ADDRESS	5124 MEDULLA RD			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33811			CITY-ST-ZIP			

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: 	6-11-07 <small>Date</small>	863-286-2434 <small>Daytime Phone #</small>
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