

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 DEC 30 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000069109

1. Corporation Name

Joyful Kids Bounce Houses & More Inc.

2. Principal Office Address - No P.O. Box #

284 NW 3RD AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

284 NW 3RD AVENUE

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

Zip

33441

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

May 10, 2010

5. FEI Number

861126699

☐ 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

Billy E. Gowdy

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

284 NW 3RD AVENUE

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33441

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

Billy E. Gowdy

REGISTERED AGENT MUST SIGN

Date 12-28-10

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
P	Billy E. Gowdy	284 NW 3RD AVENUE	Deerfield Beach, FL 33441
VP	Maryann B. Gowdy	284 NW 3RD AVENUE	Deerfield Beach, FL 33441

10. E-mail Address: Mary-gowdy@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Maryann B. Gowdy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 28, 2010

Date

Daytime Phone # 954 309 8631