PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI			<i>!</i>	DEPART Secretary	of State	e		FILED 10 JAN 13 PM 1: 39		
DOCUMENT # P05000118202 1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Joyner National Real Estate Consulting Inc.										·	
								100166067161 01/13/1001034012 **1358.75			
2. Principal Office Address - No P.O. Box # Richard Joyner				1	Mailing Office Address Joyner National Real Estate Consulting Inc.				CR2E081 (11/09\	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5.12551 (1.155)			
3762 sw 17 st.				3762 sw 17 st.				Date Incorp. To Do Busin	orated or Qualified ness in Florida Augu	set 24 2005	ı
City & State				City & State	<u>'</u>				<u>~</u>	Applied For	-
Fort Lauderdale,Fl.				Fort Lau	ıderda			5. FEI Number 20-3376600		Not Applicable	e
Zip 33312		Countr	•	33312		Country USA	<u> </u>	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee requir for a Certificate of Status	ed
7. Name and Address of Current Registered Agent											I
Name Richard Joyner								The reinstatement fee is imposed, except in circumstances which the entity did not receive			
Street Address (P.O. Box Number is Not Acceptable)								the prior notices. By checking this box, you			
3762 sv Suite, Apt.								are certifying the prior notices were not received and requesting the reinstatement			
								fee be waived.			
Fort La	uderdale)			State						Ì
8. I, being	appointed the	- ye giste	red agent of the al	oove named corpo	oration, am f	amiliar with	and accept the o	bligations of section	on 607.0505 or 617.0503	3, F.S.	
Signature of Registered Agent MUST SIGN								_{Date} Jan 11 2010			
9 Names	and Street A	ddresses	s of Each Officer a	/			ions must list at le	east 3 directors)			-
Titles	dia diediy		Name of ars and/or Directo		Street Addres Officer and/o			 h	City	// State / Zip	
Р	Rich	ard	Joyner		3762	2 sw ′	17 st.		Ft. Lauder	dale, Fl 3331	2
ST	Karen Richards			3762 sw 1			17 st.		Ft. Lauderd	dale, Fl. 33312	
REINSTATEMENT AN											
٠.					-		9530	•			
^{10.} E-ma	ail Addres	ss <u>: j</u> oy	nerr@gmail.cor	n	···						-
11 certify	that I am an	officer or	director or the rec	eiver or trustee e	mpowered to	o execute th	future annual repor	provided for in cha	apter 607 or 617, F.S. I f	urther certify that when filing	ㅓ
this rein	nstatement ap	olication.	the reason for dis	solution has been	eliminated.	the corpora	ate name satisfies	the requirements	of section 607.0401 or 6	317.0401, F.S., that all fees	
owed by the corporation have been paid. I further certify, the information indicated on this application is true made under oath.									,2010 954-552-170	1	
SIGNA	TURE:	V • VC	SIGNATURE AN	D VPED OR PRINT	TED NAME O	F SIGNING C	FFICER OR DIREC	TOR	Date	Daytime Phone #	