

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUN 30 AM 10:51

DOCUMENT # P06000094552

1. Corporation Name

Joke Factory Comedy Club Productions, Inc.

2. Principal Office Address - No P.O. Box #  
2945 87th Place, #101

3. Mailing Office Address  
Same

Suite, Apt. #, etc.  
#101

Suite, Apt. #, etc.

City & State  
Pinellas Park, FL

City & State

Zip Country  
33782 Pinellas

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7/18/2006

5. FEI Number  
20-5224274

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  
Schriefer, George J., Esquire

Street Address (P.O. Box Number is Not Acceptable)  
6075 Park Boulevard

Suite, Apt. #, Etc.

Suite A

City State Zip Code  
Pinellas Park FL 33781

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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  
REGISTERED AGENT MUST SIGN

Date 6/25/09

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
PD	Fletcher, Robert A.	2945 87th Place, #101	Pinellas Park, FL 33782
VSTD	Fletcher, Anna D.	2945 87th Place, #101	Pinellas Park, FL 33782

06/30/09-01005-012 \*\*450.00

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:

*Robert A. Fletcher*

Robert A. Fletcher, Pres. 6/25/2009

Date

Daytime Phone #

(727) 579-1709

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