

P11000060306

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000199940 3)))



H110001999403ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : SALVATORI & WOOD, BUCKEL, PL  
Account Number : I20030000112  
Phone : (239) 552-4100  
Fax Number : (239) 649-1706

FILED  
11 AUG -9 AM 9:55  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: NBH@SWBNAPLES.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
JO IN HOSPITALITY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

11 AUG -9 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

Info for NC 8/15/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JO IN HOSPITALITY, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P11000060306

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NORMA B. HENNING, ESQ.  
Name of Contact Person

SALVATORI, WOOD & BUCKEL, P.L.  
Firm/Company

9132 STRADA PLACE, FOURTH FLOOR  
Address

NAPLES, FL 34108  
City/State and Zip Code

NBH@SWBNaples.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORMA B. HENNING at ( 239 ) 552-4100  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Aug. 9. 2011 1:37PM

SALVATORI & WOOD  
(((H11000199940 3)))

No. 6300 P. 3/3

## ARTICLES OF CORRECTION

for

JO IN HOSPITALITY, INC.

Name of Corporation as currently filed with the Florida Dept. of State

P11000060306

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Articles of Amendment

(Document Type Being Corrected)

filed with the Department of State on August 3, 2011

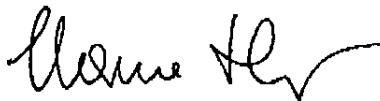
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Incorrect name of corporation is JO IN HOSPITALITY, INC.

Correct the inaccuracy, incorrect statement, or defect:

Correct name of corporation is JOE IN HOSPITALITY, INC.



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Norma B. Henning

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

Filing Fee: \$35.00

(((H11000199940 3)))

RECEIVED  
TALLAHASSEE, FLORIDA

11 AUG -9 AM 9:55

FILED