

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000043037**

1. Corporation Name

JOYLAND IV, INC.

Principal Place of Business

6420-14TH ST. W.
BRADENTON FL 34205
US

Mailing Address

11225 US HWY 19
CLEARWATER FL 34620
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/1993

5. FEI Number

50-3184907

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	PRESTON, WALTER	11225 US HWY 19	CLEARWATER FL 34620
V	PRESTON, BETTY	11225 US HWY. 19	CLEARWATER FL
T	LAMBERT, RICKY	6420-14TH ST W.	BRADENTON FL
		300002006743--2	-11/18/96--01007--033
		11/18/96--01007--034	*****83.75 *****83.75
		***300.00 ***300.00	

8. Name and Address of Current Registered Agent

SKALSKI, JOSEPH C
13770 58TH ST. N.
SUITE 303
CLEARWATER FL 34620

9. Name and Address of New Registered Agent

Name **BETTY PRESTON**
Street Address (P.O. Box Number is Not Acceptable)
11225 - US HWY 19
Suite, Apt. #, Etc.
City **CLEARWATER.** State **FL** Zip Code **34621**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Betty Preston
REGISTERED AGENT MUST SIGN

Date **Nov. 13-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *Walter Preston*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER PRESTON **Nov 13-96** **813-573-1919**
Date Daytime Phone