

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 APR 20 PM 4:13

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000043037

1. Corporation Name

Joyland IV INC>

100098010841  
04/23/07--01038--012 \*\*1058.75

**REINSTATEMENT** 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
5520 - 14th St. W..

3. Mailing Office Address  
517 - 161 st Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, Fl.

City & State

Redington Beach, Fl

Zip  
34207

Country  
USA

Zip  
33708

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
59-3184907

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  
Walter Preston

Street Address (P.O. Box Number is Not Acceptable)  
517 - 161 st Ave.

Suite, Apt. #, Etc.

City  
Redington Beach, Fl

State  
FL

Zip Code  
33708

☐ 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

X *Walter Preston*  
REGISTERED AGENT MUST SIGN

Date X 4/17/07

**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	Rick Lambert	690 Myakka Road,	Myakka, Fl. 34240
VP	Walter Preston	517 - 161 st Ave.	Redington Beach, Fl
S	Betty Preston	517 - 161 st Ave.	Redington Beach, Fl
		<i>8/24/20</i>	

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:

WALTER PRESTON *Walter Preston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-07 727-858-2611

Date

Daytime Phone #