
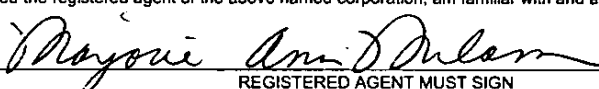
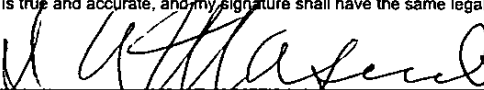


FILED
05 MAY 10 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 MAY 10 AM 8:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P93000077518					
1. Corporation Name Jo Ann Allen Real Estate, Inc.					
2. Principal Office Address 1004 S. US 1 Suite, Apt. #, etc.		3. Mailing Office Address 1004 S. US 1 Suite, Apt. #, etc.			
City & State Fort Pierce, Fl		City & State Fort Pierce, Fl		4. Date Incorporated or Qualified To Do Business in Florida	
Zip 34950	Country USA	Zip 34950	Country USA	5. FEI Number 650460407	
				Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Marjorie Ann Milam					
Street Address (P.O. Box Number is Not Acceptable) 1004 S. US 1					
Suite, Apt. #, Etc.					
City Fort Pierce				State FL	Zip Code 34950
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 				Date 5-13-05	
REGISTERED AGENT MUST SIGN					
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.	L. A. Mascioli	1004 S. US 1		Fort Pierce, FL 34950	
D.	Mary Mascioli	1804 S. Ocean Dr.		Fort Pierce, FL 34949	
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 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: 				Date 4-20-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	



ALLEN
REAL ESTATE, INC.

I.A. "Mac" Mascioli
Owner - Broker

April 19, 2005

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: JoAnn Allen Real Estate, Inc.
Document: P93000077518

To Whom It May Concern:

This letter is to request a waiver of the Corporation Reinstatement Fee because we did not receive the annual notice in January of 2004. Enclosed are all other fees that we owe.

Please contact I. A. Mascioli (772) 461-4919 for further information if required.

Sincerely,

I. A. Mascioli
Owner/Broker

HOME • INDUSTRIAL • COMMERCIAL • AGRICULTURAL

1004 South U.S. #1 • Fort Pierce, Florida 34950
(772) 461-4919 • 1-800-355-4919 • FAX (772) 461-4626
allenre@aol.com



NOTE: THIS OFFERING SUBJECT TO ERRORS, OMISSIONS, PRIOR SALE OR WITHDRAWAL WITHOUT NOTICE