PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 12 AM 8:00

DOCUMENT # p94000033247

1. Corporation Name

Joiner Fill Dirt, Inc.

700032468357
04/12/04--01058--019 **908.75

REINSTATEMENT 03-04

2. Principal Office Address		**3.** Mailing Office Address	
6070 N. Stewart Street		4985 Joiner Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Milton, Florida		City & State: Milton, Florida	
Zip: 32570	Country: USA	Zip: 32583	Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: April 21, 1994

5. FEI Number: 59-3240922 ☐ 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: Lonnie Allen Joiner

Street Address (P.O. Box Number is Not Acceptable): 4985 Joiner Circle

Suite, Apt. #, Etc.:

City: Milton | State: FL | Zip Code: 32583

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 April 09, 2004

CR2E081 (01/04)

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/V/D	Lonnie A. Joiner	4985 Joiner Circle	Milton, FL 32583

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: _____ April 09, 2004 850-983-9775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #