

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

FILED

97 MAY -1 PM 4: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000052046
1. Corporation Name
JOANDY INVESTMENT COMPANY

Principal Place of Business Mailing Address
743 Mirror Lakes Drive
Lehigh Acres, FL 33936

REINSTATEMENT 95-97

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 7-14-94

5. FEI Number 65-0548876

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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
PD	Johann Thierer	302 Lee Boulevard Suite 102	Lehigh Acres, FL 33936

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8. Name and Address of Current Registered Agent

John M. Morgan
302 Lee Boulevard, Suite 102
Lehigh Acres, FL 33936

9. Name and Address of New Registered Agent

Name John M. Morgan
Street Address (P.O. Box Number is Not Acceptable)
302 Lee Boulevard, Suite 102
Suite, Apt. #, Etc.
City Lehigh Acres
State FL Zip Code 33936

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

REGISTERED AGENT MUST SIGN

Date 3-14-97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-97

Date

Daytime Phone #

941-368-6644

C-2E000 (12/95)