

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97-98
REINSTATEMENT

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

APPROVED
AND
FILED

98 JAN 26 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000090291

1. Corporation Name **JOEYERS WILD AMUSEMENTS INC.**
6101-90TH AVENUE NORTH
PINEHILLS PARK, FL 33782

Principal Place of Business Mailing Address
6101-90TH AVENUE NO.
PINEHILLS PARK, FL 33782 **SAME**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/12/94	
City & State		City & State		5. FEI Number	
Zip		Country		59-3318065	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	JOSEPH CASH	6101-90TH AVENUE NO.	PINEHILLS PARK, FL 33782
			900002415239--0
			-01/28/98--01105--019
			***900.00 ***900.00
REINSTATEMENT 97-98			
G. Allen Jan. 26, 1998			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOSEPH CASH 6101-90TH AVENUE NORTH PINEHILLS PARK, FL 33782		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

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

JOSEPH CASH

REGISTERED AGENT MUST SIGN

Date 1/21/98

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:

JOSEPH CASH

JOSEPH CASH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/98

Date

Daytime Phone #

813-541-7356

CR2E040 (12/96)