

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000091222

1. Corporation Name

JOYE'S GEMS & THINGS, INC.

Principal Place of Business

101 NORTH 7TH STREET
LAKE CITY FL 32055

Mailing Address

101 NORTH 7TH STREET
LAKE CITY FL 32055

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

86 N.W. HILTON AV

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State LAKE CITY FL

City & State

Zip 32055

Country COLUMBIA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/1994

5. FEI Number

59-3283837

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	PETER N. FRANCIS	RT. 9 BOX 640	LAKE CITY FL

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

FRANCIS, PETER N
101 NORTH 7TH STREET
LAKE CITY FL 32055

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

86 N.W. HILTON AVE.

Suite, Apt. #, Etc.

City

LAKE CITY

State

FL

Zip Code

32055

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12-1-01

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-1-01

Daytime Phone #

CR2E040 (8/01)