

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000023942**

1. Corporation Name  
**JO DADDY'S INC.**

Principal Place of Business

3255 JUPITE BLVD. S E  
PALM BAY FL 32909  
US

Mailing Address

3255 JUPITER BLVD S E  
PALM BAY FL 32909  
US

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

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

**03/23/1995**

5. FEI Number

**59-3516347**  
**44-4140208**

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	4 City / State / Zip
D	ECK, GEORGE J SR.	101 KYLE CRT NE	PALM BAY FL 32907

200004781102--9  
-01/17/02--01016--029  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

ECK, GEORGE J JR.  
101 KYLE CT. NE  
PALM BAY FL 32907

9. Name and Address of New Registered Agent

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

*George J Eck*  
REGISTERED AGENT MUST SIGN

Date

**10/15/01**

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:

*George J Eck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/15/01**

Daytime Phone #

*MW*

CR2E040 (8/01)

# Arno Financial Services, Inc.

Investments\* • Insurance • Tax • Accounting

115 Hickory Street • Suite 202 • West Melbourne, Florida 32904

(321) 951-2888 • Fax (321) 768-7589

## Andrew P. Arno

Enrolled to Represent Taxpayers before the IRS  
Accredited Tax Advisor

Member of Florida Society of Accounting & Tax Professionals  
Member of National Society of Accountants



## Tamara L. Cheek

Enrolled to Represent Taxpayers before the IRS

Member of Florida Society of Accounting & Tax Professionals  
Member of the QuickBooks Professional Advisors Program

October 16, 2001

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Jo Daddy's, Inc.  
Document # P95000023942  
3255 Jupiter Blvd SE  
Palm Bay, FL 32909

Dear Sir or Madam:

Attached you will find the Uniform Business Report for the above taxpayer. The taxpayer apologizes for sending in the form late. The taxpayer had to leave town very unexpectedly due to a very serious accident his son had in California. The taxpayer did forget about needing to file the corporate annual report. His son was in very serious condition and of course, that was the only thing on his mind at this time. The taxpayer did not intentionally refuse to pay the corporate fee; it was simply an error due to his son's circumstances.

I hope with the above information the penalty can be waived; we have enclosed a check for the original amount of \$150.00. Thank you for your time and cooperation in this matter and if I can be of further assistance, please call my office at (321) 951-2888.

Sincerely,

*Tamara L. Cheek, E.A.*

Tamara L. Cheek, E.A.  
Arno Financial Services, Inc.

Enclosures



\*Andrew P. Arno, Registered Representative

Securities offered through H.D. Vest Investment Securities, Inc. Member: SIPC

Advisory Services offered through H.D. Vest Advisory Services, Inc.

6333 North State Hwy 161, Fourth Floor • Irving, TX 75038 • (972) 870-6000