

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085945

1. Corporation Name

JOY OF LIVING (ACLF), INC.

Principal Place of Business

Mailing Address

3435 AVANTI CIRCLE
NORTHPORT FL 34287

3435 AVANTI CIRCLE
NORTHPORT FL 34287

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

11/08/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0566025

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HUNTER, SHIRLEY C	3435 AVANTI CIRCLE	NORTHPORT FL 34287
			800004698438--3 -11/29/01--01052--012 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUNTER, SHIRLEY C
3435 AVANTI CIRCLE
NORTHPORT FL 34287

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

Shirley C Hunter
REGISTERED AGENT MUST SIGN

Date

11-1-01

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:

Shirley C Hunter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-1-01

CR2E040 (8/01)

2012

November 1, 2001

Department of State
Division of Corporations
P. O. Box 6827
Tallahassee, FL 32314

RE: Joy of Living (ACLF), Inc.
P95000085945


Dear Sirs:

Enclosed is my check, in the amount of \$150.00, for my 2001 corporation annual report/uniform business report form.

I did not receive any prior notices of this, and have been out of town for an extended time. The notice of administrative dissolution or revocation was in my mail upon my return.

I respectfully request that you accept this \$150.00 payment for renewal of my charter.

Sincerely,



Shirley C. Hunter, President
Joy of Living (ACLF), Inc.
3435 Avanti Circle
North Port, FL 34287