

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FORM
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 FEB 11 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **96000012812**

1. Corporation Name **FIREPLACE'S BY JOE INC.**
9506 SO. RED ROAD
MIAMI, FLORIDA 33156

2. Principal Office Address
9506 S. RED ROAD

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

Zip **33156** Country **USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida **2/9/96**

5. FEI Number
65-0645686

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **6575** Additional Fee required
(for Certificate of Status)

7. Name and Address of Current Registered Agent **400003137514-6**

Name **DOUGLAS W. OESTERLE**

Street Address (P.O. Box Number is Not Acceptable)
9506 SO. RED ROAD

Suite, Apt. #, Etc.

City **MIAMI FLORIDA**

State **FL** Zip Code **33156**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent **Douglas W. Oesterle**

REGISTERED AGENT MUST SIGN

Date **2/9/00**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	PATRICIA S. GREENE	9506 S. RED ROAD MIAMI, FL 33156	MIAMI, FL 33156

REINSTATEMENT

10. 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:

Patricia Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00
Date

(305) 6657155
Daytime Phone #

CH2E081 (9/99)