

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT

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

DOCUMENT # P96000017337

1. Corporation Name
JOEY G'S, INC.

Principal Place of Business
1062 HARLEY AVENUE STE 101
MARCO ISLAND FL 34145

Mailing Address
1062 HARLEY AVENUE STE 101
MARCO ISLAND FL 34145

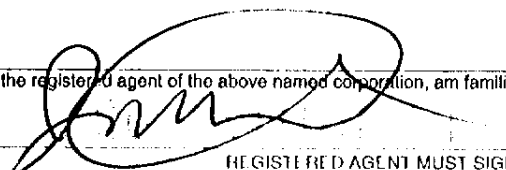
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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.		02/23/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0650621	
Country		Country		Applied For	
34145		34145		Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
P, D	Joseph Gerbasio	1062 Harley Avenue, Suite 101	Marco Island, FL 34145

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GERBASIO, JOSEPH 1062 HARLEY AVENUE STE 101 MARCO ISLAND FL 34145		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	34145

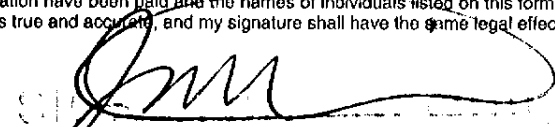
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  Date _____

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:  DATE: _____ DAYTIME PHONE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

97 DEC 10 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CPRE040 (8/97)

(2)

November 19, 1997

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Annual Report Joey G's, Inc.

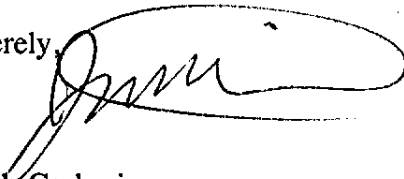
Dear Sir or Madam:

Enclosed is my completed Annual Report Form. I was very confused when this arrived. After looking it over carefully, I find that the mailing address is incorrect. The zip code in Marco Island was changed from 33937 to 34145 in June of 1996. The zip code here never was 32937.

I respectfully request waiver of the \$585.00 reinstatement fee as I was not receiving the notices because of a bad mailing address. I have enclosed a check in the amount of \$165.00 for the Annual Report and Corporate Supplemental Fee. I have also corrected the mailing address in the proper places on the form.

If you have any questions, please contact me. Thank you for your consideration in this matter.

Sincerely,



Joseph Gerbasio
President
Joey G's, Inc.
1062 Harley Ave. Suite 101
Marco Island, FL 34145

Enclosure(s)