

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000022929

1. Corporation Name

SHELBY JOSEPH INVESTMENTS, INC.

Principal Place of Business

Mailing Address

3545 ST. JOHNS BLUFF ROAD, STE. 1
JACKSONVILLE FL 32224
US

3545 ST. JOHNS BLUFF ROAD, STE. 1
JACKSONVILLE FL 32224
US

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

2. New Principal Office Address, If Applicable
12620-3 Beach Blvd.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
12620-3 Beach Blvd.
Suite, Apt. #, etc.

City & State
Jacksonville Florida
Zip 32246 Country USA

City & State
Jacksonville Florida
Zip 32246 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1996

5. FEI Number

59-3366824

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
P	PARKER, SHELBY B	3545 ST JOHNS BLUFF RD S 12620-3 Beach Blvd.	JACKSONVILLE FL 32246

100003441691--6
-10/27/00--01018--023
****150.00 ****150.00

10/16/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARKER, SHELBY BRENT
3545 ST. JOHNS BLUFF ROAD, STE. 1
JACKSONVILLE FL 32246

Name
Parker, Shelby Brent
Street Address (P.O. Box Number is Not Acceptable)
12620-3 Beach Blvd.
Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32246

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/16/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/16/00

Daytime Phone # 904-642-3107C



MAIL BOXES ETC.®

October 16, 2000

To whom it may concern:

We recently received a NOTICE OF ADMINISTRATION DISSOLUTION OR REVOCATION regarding Shelby Joseph Investments, Inc. We are requesting that the State please reinstate the corporation Shelby Joseph Investments, Inc. We did not receive a notice to file this year. We have encountered significant delivery problems in the last twelve months from the local Post Offices. The reason for these problems, we feel, is our mail for this area used to be delivered from zip code 32246. The mail is now being delivered from 32233, which the two routes cross. We understand that local Postal branches make these changes as necessary, however it has affected us.

Thank You for your attention .
Brent Parker, President
Shelby Joseph Investments, Inc.