


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 JUN 29 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA6000047457					
1. Corporation Name MILE MARKER JO INC					
2. Principal Office Address 996 LAGUNA DR.			3. Mailing Office Address 996 LAGUNA DR		
Suite, Apt. #, etc. UNIT B			Suite, Apt. #, etc. UNIT B		
City & State VENICE FL			City & State VENICE FL		
Zip 34285	Country USA	Zip 34285	Country USA		

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 5/30/96	
5. FEI Number 65-0675629	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name LAURENCE CORELL	600038428406
Street Address (P.O. Box Number is Not Acceptable) 945 INLET CIRCLE RD.	
Suite, Apt. #, Etc.	
City VENICE	State Zip Code FL 34285

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 <i>Laurence Corell</i>	Date 6/26/04
REGISTERED AGENT MUST SIGN	

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
PRES	LAURENCE CORELL	945 INLET CIRCLE RD	VENICE FL 34285
SEC.	PATRICIA CORELL		

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)(f), 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: <i>Laurence Corell</i>	LAURENCE CORELL 6/15/04 941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #