	FLEASE	KEAD ALL INSTR	RUCTIONS BEFOR	E COMPLETING THIS FORM.		
	RPORATION ISTATEMENT	Similar Similar		SECRETARY OF STATE DIVISION OF CORPORATION	SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCU	JMENT # P9700 ation Name	00015372	UZ DEC 13 AM 10: 34	02 DEC 13 AM 10: 34		
Joe's	s Creek Industrial P	'ark Managemen	t, Inc.			
2. Principal Office Address 3093 46th Avenue North		<b>3.</b> Mailing Office 3093 46th A	e Address Avenue North			
Suite, Apt. #, etc.		Suite, Apt. #, etc		4. Date Incorporated or Qualified	<del></del>	
City & State St. Petersburg, FL		City & State		To Do Business in Florida 02/18/1997		
		St. Petersb	urg, FL	050750750	Applied For Not Applicable	
Zip 33714	Country	33714	Country USA	6. CERTIFICATE OF STATUS DESIDED [7] \$8.75 Addition		
		7. Nam	istered Agent			
	Name Jerome Fleem	an		1		
	Street Address (P.O. Box Number is Not Acceptable) 33 East Dilido Drive					
	Suite, Apt. #, Etc.				1	
				State Zip Code		

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	REGISTERED AG	BENT 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				
D	Jerome Fleeman	33 East Dilido Drive	Miami Beach, FL 33139				
D	Gregory D. Fleeman	1220 Vista Trail Northeast	Atlanta, GA 30324				
D	Jeffrey G. Fleeman	1206 Oxford Street	Berkley, CA 94709				
	REMISTATEMENT	2m2 12/13	10009502825 /0201001019 **758,75				
	च प्रकार राज्याका (Ca) से वा (A) भारत प्रकार वि	127 13	or oreor 013 **(30,13				

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 507.0401 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:

Jerome Fleem:
TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jerome Fleeman

727-525-1474

Daytime Phone #