

Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 21 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000026149**

1. Corporation Name

JOE'S JUNKYARD, INC.

2. Principal Office Address

250 S.W. 12TH AVE.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL.

Zip

33030

Country

U.S.A.

3. Mailing Office Address

29137 S.W. 186 AVE.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL.

Zip

33030

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

3/24/1997

5. FEI Number

65-0783919

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TERRY FILIPOVIC

Street Address (P.O. Box Number is Not Acceptable)

29137 S.W. 186TH AVENUE

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33030

500003236165-6
-05/03/00--01018--017
****450.00 ****450.00

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

REGISTERED AGENT MUST SIGN

Date

4-14-00

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/V/D	TERRY FILIPOVIC 29137 S.W. 186 AVE. HOMESTEAD, FL. 33030		

98-00AR 178

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:

TERRY FILIPOVIC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-14-00 (305) 242-9685

Daytime Phone #

CR2E061 (9/99)

APRIL 15, 2000

Page 2 of 2

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

RE: REINSTATEMENT OF
JOE'S JUNKYARD, INC.
DOC. #P97000026149

TO WHOM IT MAY CONCERN,
ENCLOSED IS THE ITEMS REQUESTED PER OUR PHONE CONVERSATION
ON APRIL 11, 00. A CHECK FOR \$450.00 AND THE LETTER OF
REINSTATEMENT.

DUE TO AN INCORRECT ADDRESS I WAS NOT RECEIVING MY ANNUAL
REPORTS FOR JOE'S-JUNKYARD, INC. THE CORRECT ADDRESS WAS
TAKEN CARE OF 4-11-00. PLEASE ACCEPT MY APOLOGIES IN THIS
MATTER. IF THERE ARE ANY QUESTIONS, I CAN BE REACHED AT
(305)242-9685. THANK-YOU.

SINCERELY,



TERRY FILIPOVIC
PRESIDENT

tlf