		DUOTIONO	DEFORM O				
APPLICATION FOR	FLORID/	RUCTIONS A DEPARTMEN Sandra B. Mor Secretary of S	NT OF STATE	1	INGELFICATION CONTRACTOR CONTRACT	KM	
REINSTATEMENT DIVISION OF CORPORATIONS				98 DEC 18 PM 2: 27			
DOCUMENT # P9700068411 1. Corporation Name					RETARY OF STATE		
THE JOSHUA GROUP, INC.				1055	Annoole, FLORI	DA	
Deliver of December 1997							
Principal Place of Business Mailing Address 804 QUEENS HARBOUR BOULEVARD 804 QUEENS HARBOUR BOULE			n	 		### ##################################	
CKSONVILLE FL 32225 JACKSONVILLE FL 32225			b				
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				REINS	TATEME	NT OB	
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If 13171 Atlantic Blud Suite 100 13171 Atlantic Blud Suite 100			Applicable Ud	Date Incorp. To Do Busin	orated or Qualified less in Florida	08/06/1997	
Suite, Apt. #, etc.	etc.		5. FEI Number		Applied For		
City & State Jacksonville, FL Jacksonville		onville, FL		<u>59-</u> ;	3461571	Not Applicable	
32225 Country US A	Zip 3222	5 Country	. 1	CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o Name of Officers	r Director (Flor	ida nonprofit corporal Stre	et Address of Each				
			cer and/or Director Post Office Box Nu		4	y / State / Zīp	
P William P. Register, Jr. 13171			ntic Blvd S	suite 100	Jacksonville	, FC 32225	
			·				
	4000027243746 						
			****750.00 ****750.00				
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent			
			Street Address (P				
804 QUEENS HARBOUR BOULEVARD JACKSONVILLE FL 32225			13171 Atlantic Blvd Suite 100 Suite, Apt. #, Etc.				
O CONTO O CONTO			City			State Zip Code	
10. I, being appointed the registered agent of the above	e)named corpor	ration, am familiar wi	h and accept the ob			FL BOURS	
Signature of Registered Agent Williams R	exol	URE ()	IRED		Date /2/16	198	
REG	SISTERED AGE	············//				M - 22 AB	
11. This corporation owes or had Intangible Personal Property			Yes 🗌	No 🔽	(See oth) on	er skie for information harding like text	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolu owed by the corporation have been paid and the na on this application is true and accurate, and my sign	ition has been o imes of individu	eliminated, the corpor rals listed on this form	rate name satisfies to n do not qualify for a	the requirements on exemption und	of section 607.0401 or 6	17.0401, F.S., that all fees	
SIGNATURE: William Signature and Typed on PRIN	TED NAME OF	SOLUTION OF THE SOLUTION OF TH	irecyor .		2/16/98 Date	904-221-9660 Daylime Phone #	