

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 AM 11:09

DOCUMENT # P97000088654

1. Corporation Name

JOTI ENTERPRISES, INC

2. Principal Office Address

3525 LAKE ALFRED RD.

Suite, Apt. #, etc.

City & State

WINTER HAVEN FL

Zip

33881-1447

3. Mailing Office Address

500 E SEMORAN BLVD.

Suite, Apt. #, etc.

STE 2 J

City & State

CASSELBERRY, FLORIDA

Zip

32707

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1997

5. FEI Number

65-0831117

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

GURNAM SINGH HAYRE

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

3525 LAKE ALFRED RD

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33881-1447

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

Gurnam S. Hayre
REGISTERED AGENT MUST SIGN

Date 04-23-2001

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	GURNAM SINGH HAYRE	3525 LAKE ALFRED RD	WINTER HAVEN, FL 33881

AD

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:

Gurnam S. Hayre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-01

Date

941-299-1860

Daytime Phone #