

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 28 PM 4:11

DOCUMENT # P97000088901

1. Corporation Name

JOINED EQUITIES, INC.

Principal Place of Business

Mailing Address

661 E. ALTAMONTE DR., STE. 318
ALTAMONTE SPRINGS FL 32701

661 E. ALTAMONTE DR., STE. 318
ALTAMONTE SPRINGS FL 32701



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/15/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3476340

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	GUINDI, EDWARD	661 E. ALTAMONTE DR., STE. 318	ALTAMONTE SPRINGS FL 32701
D	SWEET, JON	661 E. ALTAMONTE DR., STE. 318	ALTAMONTE SPRINGS FL 32701

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****150.00 ****150.00

11/3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LABRET, MICHAEL
226 HILLCREST ST.
ORLANDO FL 32801

Name
EDWARD S. GUINDI
Street Address (P.O. Box Number is Not Acceptable)
2190 TERRACE BLVD
Suite, Apt. #, Etc.
City
LONGWOOD
State
FL
Zip Code
32779

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Edward S. Guindi

Date

10/26/99

REGISTERED AGENT MUST SIGN

11. 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:

Edward S. Guindi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD S. GUINDI, president

10/26/99

Date

407-834-8114

Daytime Phone #