PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000027546

1. Corporation Name
Joe's Place Inc.

REINSTATEMENT 03

05-05-03 90378 032 $ 150.00

2. Principal Office Address	3. Mailing Office Address
8925 SW 148 Street	8925 SW 148 Street
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Miami, FL	City & State Miami; Fl
Zip 33176 / Country USA	Zip 33176 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/24/1998

5. FEI Number: 65-0835159 ☐ 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: Dennis R. Haber

Street Address (P.O. Box Number is Not Acceptable): 8925 SW 148 Street

Suite, Apt. #, Etc.: Suite 200

City: Miami | State: FL | Zip Code: 33176

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 _____ Date 10/8/2003

REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
PD	Sandy Pinsker	8925 SW 148 Street, Suite 200	Miami, Fl 33176

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: Sandra Pinsker Dennis R. Haber AP 10/8/2003 305-666-7366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SANDRA PINSKER

Dear Sirs:

... I would greatly appreciate your re-instating our Corporation, and waiving the FEE as the corporation was dissolved through an error.

Apparently, the paperwork sent by your office to our registered agent was sent to the wrong address, and probably returned to you. It was sent to:

1450 Magruga Ave.
Coral Gables, FL.

instead of

1450 MaDruga Ave.
CoralGables, FL

Unfortunately we just discovered this, and called your office immediately.

The original report and $150 cc check was sent and received by your office on time. (I've enclosed a copy of the check).

I greatly appreciate your help.

Respectfully yours,

Joseph D Pinsker

Joseph D Pinsker, Mngr.