

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 2004 8:00 A.M
Secretary of State

DOCUMENT # P99000034762

1. Corporation Name

JOE'S HOME PLATE, INC.

Principal Place of Business

Mailing Address

**310 EAST OCEAN AVE
LANTANA FL 33462**

**310 EAST OCEAN AVE
LANTANA FL 33462**



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

04/14/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0982385

Applied For

Not Applicable

City & State

City & State

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	ANDROSKY, JOSEPH	310 EAST OCEAN AVE	LANTANA FL 33462

100035557281
05/06/04--01021--030 **300.00

REINSTATEMENT *03/04*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ANDROSKY, JOSEPH
310 EAST OCEAN AVE
LANTANA FL 33462**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

(561) 734-8599

Daytime Phone #

CR2E040 (7/03)