

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

00 NOV -6 AM 10:02

DOCUMENT # P99000057004

1. Corporation Name

JOINT VENTURE ASSOCIATES INC.

Principal Place of Business

Mailing Address

~~3544 ADMIRALS WAY~~  
~~DELRAY BEACH FL 33483~~

~~3544 ADMIRALS WAY~~  
~~DELRAY BEACH FL 33483~~

REINSTATEMENT

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

2. New Principal Office Address, If Applicable

750 Spanish River Blvd.

Suite, Apt. #, etc.

APT 501

Boca Raton FL

Zip 33431

Country U.S.A.

3. New Mailing Office Address, If Applicable

750 Spanish River Blvd Apt 501

Suite, Apt. #, etc.

APT 501

Boca Raton FL

Zip 33431

Country U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/21/1999

5. FEI Number

65-0926249

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TIPPING, CHARLES JR.	<del>3544 ADMIRALS WAY</del>	<del>DELRAY BEACH FL 33483</del>
VD	TIPPING, MARILYN	<del>3544 ADMIRALS WAY</del>	<del>DELRAY BEACH FL 33483</del>

8. Name and Address of Current Registered Agent

TIPPING, CHARLES JR.  
~~3544 ADMIRALS WAY~~  
~~DELRAY BEACH FL 33483~~

9. Name and Address of New Registered Agent

Name CHARLES Tipping Jr.  
Street Address (P.O. Box Number is Not Acceptable) 750 Spanish River Blvd.  
Suite, Apt. #, Etc. APT 501  
City Boca Raton  
State FL Zip Code 33431

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-28-00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES TIPPING JR.

10-28-00

Date

Daytime Phone #

561-620

9636

CR2E040 (9/00)