

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 APR 10 AM 7:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S00929**

1. Corporation Name

JOCHE' CORPORATION

2. Principal Office Address - No P.O. Box #

14201 BRUCE B DOWNS BLVD

3. Mailing Office Address

14201 BRUCE B DOWNS BLVD

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33613

Country

USA

Zip

33613

Country

USA

500149459065

04/10/09--01031--009 \*\*758.75

REINSTATEMENT 05-09

4. Date Incorporated or Qualified  
To Do Business in Florida

09/19/1990

5. FEI Number

59-3038402

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

TODD J WIENER

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

14201 BRUCE B DOWNS BLVD

Suite, Apt. #, Etc.

#1

City

TAMPA, FL

State

FL

Zip Code

33613

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
DP	TODD J WIENER	11919 NICKLAUS DR.	TAMPA, FL
DV	CHERYL E WIENER	11919 NICKLAUS DR.	TAMPA, FL
DV	JODI M WIENER	11919 NICKLAUS DR.	TAMPA, FL
DST	DORIS V WIENER	11919 NICKLAUS DR.	TAMPA, FL

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 contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/09