

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 17 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S68033

1. Corporation Name

JOE JAY & JELS INVESTMENTS, INC.

REINSTATEMENT 03-09
500162884795
11/17/09--01032--012 ***\$50.00
CR2E081 (10/09)

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

5340 QUEEN LAKE TERRACE

3. Mailing Office Address

-SAME-

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1991

5. FEI Number

65-0271789

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 additional Fee required
for a Certificate of Status

City & State

DAVIE, FL

City & State

Zip

Country

33331

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

C. K. GEORGE

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

5340 QUEEN LAKE TERRACE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33331



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 section 617.0503, F.S.

Signature of
Registered Agent

Date 11/09/2009

REGISTERED AGENT MUST SIGN

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 | C. K. GEORGE | 5340 QUEEN LAKE TERRACE | DAVIE, FL 33331 |
| SD | GRACY GEORGE | 5340 QUEEN LAKE TERRACE | DAVIE, FL 33331 |
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10. E-mail Address:

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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

11-9-09 305/594/9198

Date

Daytime Phone#