

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 24 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060064

1. Corporation Name

Just For Fun Stable, Inc.

2. Principal Office Address

661 Lake Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, Florida

City & State

Zip

33326

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/21/2000

5. FEI Number

65-1020312

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

Ruben Sierra

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

661 Lake Blvd.

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

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

X Ruben Sierra

Date

X 01/19/05

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	Ruben Sierra	661 Lake Blvd.	Weston, FL 33326
STD	Danielle Sierra	661 Lake Blvd.	Weston, FL 33326

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: X Ruben Sierra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OWNER

Date

X 01/19/05 (954) 5948765

Daytime Phone #

CR2E081 (01/05)