

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 NOV 27 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000008688**

1. Corporation Name
JUSTIN BUILDERS, INC.

Principal Place of Business Mailing Address
**11410 W. SAMPLE RD. PO BOX 9805
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33075
US**



REINSTATEMENT *aled 11/27/96*

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business In Florida **12/02/1992**

5. FEI Number **65-0373843** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MAYERCHAK, RHEA	1630 N. FEDERAL HWY.	FT. LAUDERDALE FL 33305
P	MAYERCHAK, JOSEPH	11410 W. SAMPLE ROAD	CORAL SPRINGS FL

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-12/04/96--01001--020
****383.75 ****383.75

8. Name and Address of Current Registered Agent
~~BLOOM, GREGORY J~~ **BARBARA A. ENGEL**
~~1030 N. FEDERAL HWY.~~ **11412 W. SAMPLE RD.**
~~FORT LAUDERDALE FL 33305~~ **CORAL SPRINGS, FL**

9. Name and Address of New Registered Agent
Name **BARBARA ENGEL**
Street Address (P.O. Box Number is Not Acceptable) **11412 W. SAMPLE ROAD**
Suite, Apt. #, Etc.
City **CORAL SPRINGS** State **FL** Zip Code **33065**

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 *Barbara Engel* **SIGNATURE REQUIRED** Date **11/27/96**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(b), 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: *Joseph Mayerchak* **JOSEPH MAYERCHAK PRES 11/20/96**
SIGNATURE AND TYPE OF APPOINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #
954 346 5665

CREATING (7/96)