


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

08 APR -9 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019479

1. Corporation Name

Justin-Eric, Inc.

REINSTATEMENT 02-08

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

887 Spring Street, N.W.

State, Apt. #, etc.

3. Mailing Office Address

887 Spring Street, N.W.

State, Apt. #, etc.

CR2E081 (12/07)

City & State

Atlanta, GA

Zip
30308-1006

Country
USA

City & State

Atlanta, GA

Zip
30308-1006

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 02/29/1996

5. FEI Number
65-0644362

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

William F. Hagood

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

1095 Gulf of Mexico Dr.

State, Apt. #, Etc.

Apt. #405

City

Long Boat Key

State
FL

Zip Code
34228

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

William F. Hagood

REGISTERED AGENT MUST SIGN

Date 4-8-08

9. Name 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
P/D	William M. Hagood	887 Spring Street, N.W.	Atlanta, GA 30308-1006

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:

William M. Hagood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William M. Hagood 4-8-08
Date

Telephone #

jc 4/9

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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CORPORATION REINSTATEMENT

JUSTIN-ERIC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,650.00

\$ 1,050.00

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