

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 19 PM 12:03

DOCUMENT # P97000038224

1. Corporation Name

Equijust Incorporated

2. Principal Office Address - No P.O. Box #
1776 N. PINE ISLAND RD

3. Mailing Office Address
1776 N. PINE ISLAND RD

Suite, Apt. #, etc.
SUITE 215

Suite, Apt. #, etc.
SUITE 215

City & State
PLANTATION

City & State
PLANTATION

Zip Country
33322 USA

Zip Country
33322 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/2/97

5. FEI Number
59-3444615

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
ANTON KIDD

Street Address (P.O. Box Number is Not Acceptable)
1776 N. PINE ISLAND RD

Suite, Apt. #, Etc.
SUITE 215

City
PLANTATION

State Zip Code
FL 33322

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

Date 10/8/09

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
D	ANTON KIDD	2558 JARDIN MANOR	WESTON, FL 33327
D	DAVIES EDWARD	520 BRICKELL KEY DRIVE SUITE 30	MIAMI, FL 33131
D	GARRETH PARRY	520 BRICKELL KEY DRIVE SUITE 30	MIAMI, FL 33131
AS	MARCO ROJAS	520 BRICKELL KEY DRIVE SUITE 30	MIAMI, FL 33131
STATEMENT 09 B 10/19/09			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/09

Daytime Phone #