

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 JUN 26 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

02-03

CORPORATION REINSTATEMENT 2002 + 2003		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name Just, Inc. of Daytona		684012	
2. Principal Office Address 2200 N. Atlantic Avenue Suite, Apt. #, etc. #1202 City & State Daytona Beach, FL Zip 32118		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 8/5/80	
5. FEI Number 59-2378053	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75. Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Steven I. Unatin		
Street Address (P.O. Box Number is Not Acceptable) 767 S. Nova Road		
Suite, Apt. #, Etc. 		
City Ormond Beach	State FL	Zip Code 32174

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

Steven I. Unatin
REGISTERED AGENT MUST SIGN

Date 6-25-03

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	Unatin, Louis	2200 N. Atlantic Avenue	Daytona Beach, FL 32118

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/03
Date

386.257.7001
Daytime Phone #

7/6/26

CR2E081 (10/02)