PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~ ~~REINSTATEMENT~~ X
2006 AR

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 22 PM 2:23

DOCUMENT # 692380

1. Corporation Name
Jusco, Incorporated

2. Principal Office Address	3. Mailing Office Address
4701 16 St. No.	4701 16 ST NO
Suite, Apt. #, etc. C/o James N Justice	Suite, Apt. #, etc.
City & State ST. PETE FL	City & State ST PETE. FL
Zip 33703 Country Pinellas	Zip 33703 Country Pinellas

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-2114664 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Justice James N.

Street Address (P.O. Box Number is Not Acceptable): 4701 16 Street North

Suite, Apt. #, Etc.

City: St Petersburg State: FL Zip Code: 33703

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: James N Justice Date: 3-13-06 ~~3-22-06~~

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
Pres	James N Justice	4701 16 ST NO	St Pete, Fl 33703
Sec/Treas	Diane M Justice	4701 16 ST NO	St Pete, Fl 33703

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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: Diane M Justice 2-22-06 (727-526-8027)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/28