

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H03725

1. Corporation Name

JUSTER & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4830 W KENNEDY BLVD. 130
TAMPA FL 33609

4830 W KENNEDY BLVD. 130
TAMPA FL 33609

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1984

5. FEI Number

59-2406985

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JUSTER, FLOYD P.	4922 LYFORD CAY ROAD	TAMPA FL 33629

300004739703--6
-12/26/01--01094--003
*****750.00 *****750.00

12/12/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSS, JEREMY P., ESQ
220 S. FRANKLIN STREET
TAMPA FL 33602

Name

C. Stephen Allen, Esq.

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

4830 W. Kennedy

Suite, Apt. #, Etc.

Suite 335

City

Tampa

State

FL

Zip Code

33609

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

[Signature of C. Stephen Allen]

REGISTERED AGENT MUST SIGN

Date Dec. 12, 2001

11. 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:

[Signature of Floyd P. Juster]
FLOYD P. JUSTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/01 (813) 289-8679

Date

Daytime Phone #

CR2E040 (8/01)