PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -4 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J51242

1. Corporation Name
JURAN, INC.

Principal Place of Business	Mailing Address
~~8001 SCENIC HWY.~~	~~8001 SCENIC HWY~~
~~PENSACOLA FL 32514-7699~~	~~PENSACOLA FL 32514-7699~~

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

REINSTATEMENT 96CW

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
905 E. HATTON ST.	905 E. HATTON ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA, FL	City & State: PENSACOLA, FL
Zip: 32503 Country	Zip: 32503 Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/12/1987

5. FEI Number: 59-2771868 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
STD	MCKENZIE, JAMES F.	4546 LASSASSIER	PENSACOLA FL
PD	MCKENZIE, RANDY J.	4546 LASSASSIER	PENSACOLA FL

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****375.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MCKENZIE, JAMES F. 905 E HATTON PENSACOLA FL 32503	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

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] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: 10/30/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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.

RANDY J. MCKENZIE

SIGNATURE: [signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/96 (904) 432-2856
Date Daytime Phone #

CR2E040 (7/96)