

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 26 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000011256

1. Limited Liability Company's Name

JUST NETWORKING, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

2576 ORANGEWOOD CT.

Suite, Apt. #, etc.

3. Mailing Office Address

2576 ORANGEWOOD CT

Suite, Apt. #, etc.

City & State

PALM HARBOR, FLORIDA

City & State

PALM HARBOR, FLORIDA

Zip

34684

Country

US

Zip

34684

Country

US

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

760730813

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JAMES P. JUST JR.

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

2576 ORANGEWOOD CT

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34684

☐ A \$100 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 \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

**Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Date

3-21-07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	JAMES P. JUST, JR.	2576 ORANGEWOOD CT	PALM HARBOR, FL 34684
			900095253889 03/19/07--01057--022 **250.00
			REINSTATEMENT 05-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager**

Date

3/21/07

Daytime Phone #

727-786-9224

Typed or printed name of signing Managing Member/Manager