

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV -9 AM 8:51

DOCUMENT # L04000000771 1. Entity Name JUST IN COMPANY L.L.C.					
Principal Place of Business 1214 CLAY AVE. PANAMA CITY, FL 32401			Mailing Address 1214 CLAY AVE. PANAMA CITY, FL 32401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		11062005 REIN-LLC CR2E101 (6/04) 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent JUSTIN, RICHARD M 1214 CLAY AVE. PANAMA CITY, FL 32401	
7. Name and Address of New Registered Agent				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Richard M. Justin</u> <u>Richard M. Justin</u> <u>11-4-5</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUSTIN, RICHARD M 1214 CLAY AVE. PANAMA CITY, FL 32401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Justin, Richard M <input type="checkbox"/> Change <input type="checkbox"/> Addition 1214 CLAY AVE. PANAMA CITY, FLA 32401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUSTIN, ELIZABETH A <input checked="" type="checkbox"/> Delete 1214 CLAY AVE. PANAMA CITY, FL 32401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	"Delete" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUSTIN, TERA N <input checked="" type="checkbox"/> Delete 1214 CLAY AVE. PANAMA CITY, FL 32401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	"Delete" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUSTIN, JOB J <input type="checkbox"/> Delete 1214 CLAY AVE. PANAMA CITY, FL 32401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Justin, Job J. <input type="checkbox"/> Change <input type="checkbox"/> Addition 1214 CLAY AVE. PANAMA CITY, FLA 32401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500061262185 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/08/05--01051--006 **\$150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <u>2005</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Richard M. Justin</u> <u>Richard M. Justin</u> <u>11-4-5</u> <u>850-914-0187</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					