PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPA Seciet DIVISION O	ary 🍕 S	State		FILED 2000 OCT 21 PM 1: 25	
DOCUMENT # L 05000093981 1. Limited Liability Company's Name			SEGRETAR FOR STATE TALLAHASSEE.FLORIDA			
Just Savings LLC 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address			200136977092 10/16/0801022006 **277.50 CR2E041 (10/08)			
1		27th St SE		4. State/Coun	try of Formation	
Suite Apt. #, etc. Suite, Apt. #,				Florida USA		
201 201				5. Date Organ	ized or Qualified	
City & State City & State					Jepi. 20, 200	
		ein, rc 2		6. FEI Numbe	Applied For Applied For Not Applicable	
33570 Country USA	^{Zip} 33570	Cour	ntry 15A	7. CERTIFICATE OF STATUS DESIRED S5.80 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent						
Name Bonnie Fagoh						
Street Address (P.O. Box Number is Not Ascentable)						
4044 27th St SE						
Sulte Apt. #, Etc.						
City Ruskin		State	Zip Code 33570	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 Date 10/13/08 REGISTERED AGENT MUST SIGN						
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	
MGR Bonnie B. Fagoh		4044 27th ST-SE Ste 201		Ste 201	Ruskin, FL 33570	
REINSTATEMENT 07-08						
				······	C.L.	
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 Bruni B. Figoh Date 10/13/08 Daytime Phone # 813-645-0895						
Typed or printed name of signling Managing Member/Manager Bonnie B. Fagoh						