## 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

## **DOCUMENT # L07000124298** FILED 1. Entity Name JUST IN COMPANY LLC 12 MAR 28 AM 9: 37 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7541 N GAINER BAYOU R.D. 7541 N GAINER BAYOU R.D. PANAMA CITY, FL 32409 PANAMA CITY, FL 32409 Principal Place of Business - No.P.O. Box # 72 3. Mailing Addres 03282012 REIN-LLC CR2E101 (12/11) City & State Applied For 4. FEI Number Not Applicable 26-2792875 \$5.00 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent ALL FLORIDA FIRM INC 813 DELTONA BLVD #1 SUITE A DELTONA, FL 32409 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 the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstation Make check payable to FILE NOW!!! FEE IS \$377.50 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9 Change : Addition TITLE **MGRM** ☐ Delete TITLE 1320 Buena Vista Blud # 53 JUSTIN, RICHARD M NAME NAME STREET ADDRESS 7541 N GAINER BAYOU R.D. STREET ADDRESS PANAMA GITY, FIA CITY- ST- ZIP PANAMA CITY, FL 32409 CITY-ST-ZIP MGRM me TITLE ☐ Delete NAME NAME JUSTIN, JOB J STREET ADDRESS STREET ADDRESS 7541 N GAINER BAYOU R.D. PANAMA CITY, FL 32409 CITY- ST- ZIP CITY- ST- ZIP MGRM ☐ Delete TITLE TITLE NAME JUSTIN, TERA N' NAME STREET ADDRESS STREET ADDRESS 7541 N GAINER BAYOU R.D. CITY+ ST- ZIP CITY- ST- ZIP PANAMA CITY, FL 32409 TITLE . ☐ Delete MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY- ST- ZIP 90022647292 Addition ☐ Delete TITLE NAME STATEMEN NAME STREET ADDRES 03/28/12--01007--004 STREET ADDRESS CITY- ST- ZIP CITY - ST- ZIP TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 smpowered to execute this port as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE E-MAIL ADDRESS

N. Outstean MAR 2 8 2012