PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG 22 AM 9:36
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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08/27/03--01056--023 **400.00

REINSTATEMENT 92-03

DOCUMENT # L41332

1. Corporation Name

Just N MICA, INC

2. Principal Office Address	3. Mailing Office Address
1556 Cypress Dr	1556 Cypress Dr
Suite, Apt. #, etc. Bay 18	Suite, Apt. #, etc. Bay 18
City & State Jupiter, FL	City & State Jupiter, FL
Zip 33469 Country Palm Beach	Zip 33469 Country Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida 1/5/1990

5. FEI Number 65-0076592 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Anthony Cimo

Street Address (P.O. Box Number is Not Acceptable): 1556 Cypress Dr

Suite, Apt. #, Etc.: Bay 18

City: Jupiter State: FL Zip Code: 33469

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

X Signature of Registered Agent: Anthony Cimo Date: 8/15/03
REGISTERED AGENT MUST SIGN

CR2E091 (10/02)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Anthony Cimo	1556 Cypress Dr Bay18	Jupiter FL 33469

10. 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.

X SIGNATURE: Anthony Cimo Date: 8/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #