

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC -3 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO4000011341

1. Corporation Name
THE JUST Foundation, INC

2. Principal Office Address - No P.O. Box #
1324 Seven Springs Blvd

Suite, Apt. #, etc.
373

City & State
New Port Richey FL

Zip
34655

Country
Pasco

3. Mailing Office Address
1324 Seven Springs Blvd

Suite, Apt. #, etc.
373

City & State
New Port Richey FL

Zip
34655

Country
Pasco

300112791373
12/03/07--01075--009 **297.50

CR2E081 (1/07)

06-07

4. Date Incorporated or Qualified
To Do Business in Florida 12/02/2004

5. FEI Number 201936175
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name GARY S. NELSON

Street Address (P.O. Box Number is Not Acceptable)
1324 Seven Springs Blvd

Suite, Apt. #, Etc.
373

City NEW Port Richey

State FL

Zip Code 34655

REINSTATEMENT
 The 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 reinstatement fee be waived.

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.

Signature of Registered Agent Gary S. Nelson
REGISTERED AGENT MUST SIGN

Date 11/15/07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Gary S. Nelson	1324 Seven Springs Blvd	N.P.R. FL 34655
D	EDMUND DAVIS	1324 Seven Springs Blvd	N.P.R. FL 34655
D	Judith NELSON	1324 Seven Springs Blvd	N.P.R. FL 34655

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 contained in Chapter 119, 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.

SIGNATURE: Gary S. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727)
11/15/07 793-7660
Date Daytime Phone #