

**2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Dec 15, 2008  
Secretary of State**

DOCUMENT# N04000011341

Entity Name: THE JUST FOUNDATION, INC.

**Current Principal Place of Business:**

1324 SEVEN SPRINGS BLVD., #373  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

1324 SEVEN SPRINGS BLVD., #373  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

FEI Number: 20-1936175      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NELSON, GARY STEVE  
1324 SEVEN SPRINGS BLVD., #373  
NEW PORT RICHEY, FL 34655      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: GARY STEVE NELSON  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: NELSON, GARY STEVE  
Address: 1324 SEVEN SPRINGS BLVD., #373  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D      ( ) Delete  
Name: NELSON, JUDITH E  
Address: 1324 SEVEN SPRINGS BLVD., #373  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D      ( ) Delete  
Name: DAVIS, EDMUND  
Address: 1324 SEVEN SPRINGS BLVD., #373  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY STEVE NELSON      D      12/15/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date