

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000007220

FILED
Feb 27, 2008
Secretary of State

Entity Name: JUSTGO INC

Current Principal Place of Business:

1025 14TH ST
1
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1025 14TH ST
1
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 51-0593429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAYES, OZELLE J
1025 14TH ST
1
WEST PALM BEACH, FL 33401 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: OZELLE J HAYES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAYES, CLARECE D
Address: 1867 N CONGRESS AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP () Delete
Name: DAVIS, ANITA
Address: 3220 N HAVERHILL RD #B105
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SEC () Delete
Name: HINKLE, QUEEN
Address: PO BOX 18055
City-St-Zip: WEST PALM BEACH, FL 33416

Title: TRS () Delete
Name: WILLIAMS, KRISTI
Address: 5960 NW WESLEY RD
City-St-Zip: PORT SAINT LUCIE, FL 34954

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: DAVIS, ANITA
Address: 317 WATERWAY VILLAGE CT
City-St-Zip: GREENACRES, FL 33413

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

Title: TRS (X) Change () Addition
Name: WILLIAMS, KRISTI
Address: 28 CHARLESWORTH PL
City-St-Zip: ACWORTH, GA 30101

Title: DIR () Change (X) Addition
Name: HAYES, OZELLE J
Address: 1025 14TH ST STE 1
City-St-Zip: WEST PALM BEACH, FL 33401

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: OZELLE J HAYES

Electronic Signature of Signing Officer or Director

DIR

02/27/2008

Date