

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 9:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N97000003465

1. Corporation Name
 Just Between Teens, Inc.

Principal Place of Business Mailing Address
 3271 Tamiami Trail #C
 Port Charlotte, FL 33952-8032

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3271 Tamiami Trail		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 6-13-97	
Suite, Apt. #, etc. C		Suite, Apt. #, etc.		5. FEI Number 65-0800323	
City & State Port Charlotte, FL		City & State		Applied For Not Applicable	
Zip 33952	Country Charlotte	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 01-02

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
D	Mulvey, John	3271 Tamiami Tr. #C	Port Charlotte, FL 33952
D	Duffy, Bernard	1154 Strasburg Dr.	Port Charlotte, FL 33952
DP	Goggin, Joseph	132 SW Graham St.	Port Charlotte, FL 33952
D	Haymans, Kenton H	99 Nesbit St.	Punta Gorda, FL 33951
V	MacWilliams, Judith D	18436 Meyer Ave.	Port Charlotte, FL 33948
DT	Horner, Michael J	422 Madrid Blvd.	Punta Gorda, FL 33950

8. Name and Address of Current Registered Agent Thomas D. Marryott 128 Nesbit St. Punta Gorda, FL 33950		9. Name and Address of New Registered Agent Name Judith D MacWilliams Street Address (P.O. Box Number is Not Acceptable) 18436 Meyer Ave. Suite, Apt. #, Etc. City Port Charlotte State FL Zip Code 33948	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *J MacWilliams* REGISTERED AGENT MUST SIGN Date 10-28-02

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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.

SIGNATURE: *Michael J Horner* MICHAEL J. HORNER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 10/28/02 Daytime Phone # 941-639-2146

CR2E081 (12/99)