

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **N97000003465**

1. Corporation Name

JUST BETWEEN TEENS, INC.

03 DEC 26 PM 4:25

SECRETARY OF STATE
REINSTATEMENT 2003

000024772710
12/23/03--01034--007 **61.25



000024772710
11/18/03--01004--024 **175.00

Principal Place of Business

Mailing Address

3271 TAMiami TRAIL #C
PORT CHARLOTTE FL 33952-8032
US

3271 TAMiami TRAIL #C
PORT CHARLOTTE FL 33952-8032
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/13/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0800323

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
D	MULVEY, JOHN	3271 TAMiami TR #C	PORT CHARLOTTE FL 33952
D	DUFFY, BERNARD	1154 STRASBURG CT	PORT CHARLOTTE FL 33952
DP	GOGGIN, JOSEPH	132 SW GRAHAM SR	PORT CHARLOTTE FL 33952
D	HAYMANS, KENTON H	99 NESBIT ST	PUNTA GORDA FL 33951
V	MACWILLIAMS, JUDY	18436 MEYER AVE	PORT CHARLOTTE FL 33948
DT	HORNER, MICHAEL J	422 MADRID BLVD	PUNTA GORDA FL 39500

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MACWILLIAMS, JUDITH D
18436 MEYER AVE
PORT CHARLOTTE FL 33948

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Judy MacWilliams
REGISTERED AGENT MUST SIGN

Date

12/29/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy MacWilliams

12/29/03
Date

941-764-1200
Daytime Phone #

CR2E040 (7/03)