

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM, APPROVED AND FILED

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 10 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000026970

1. Corporation Name JUSTO GENERAL SUPPLIES CORP

100023706991
10/10/03--01048--005 **450.00

2. Principal Office Address 1100 SW 104 Ct		3. Mailing Office Address 1100 SW 104 Ct	
Suite, Apt. #, etc. # 107		Suite, Apt. #, etc. # 107	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33174	Country USA	Zip 33174	Country USA

REINSTATEMENT 01-03 W8P

4. Date Incorporated or Qualified To Do Business in Florida 3/15/00	
5. FEI Number 65-0991153	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name JUSTO A CASTRO
Street Address (P.O. Box Number is Not Acceptable)
1100 SW 104 Ct
Suite, Apt. #, Etc.
107
City MIAMI

State FL Zip Code 33174

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

REGISTERED AGENT MUST SIGN

Date 9/30/03

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
P, D	JUSTO A. CASTRO	1100 SW 104 Ct	MIAMI, FLORIDA 33174

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 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

Date

Daytime Phone #

9/30/03 305-298-6124

CR2E081 (1/0/02)