

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000055267			
1. Entity Name JUST KIDDING YOU, INC.		08 AUG 14 AM 10:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR FORT LAUDERDALE, FL 33308		Mailing Address 4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR FORT LAUDERDALE, FL 33308	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1145978		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENBERG, ARTHUR R 4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name: <i>Stain, Rosenberg & Stain</i> Street Address (P.O. Box Number is Not Acceptable) <i>1499 West Palmetto Park Parkway</i> City <i>Boca Raton</i> FL Zip Code <i>33486</i>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Sign here by the printed name of a registered agent if not applicable		8/6/08 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MIZRAHI, RAM 4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR FORT LAUDERDALE, FL 33308	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MIZRAHI, Ram
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND FORM OR PRINTED NAME OF AUTHORIZED OFFICER OR DIRECTOR		Date: <i>8/6/08</i> Signature Here: #	

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aw