

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

03 NOV 10 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000108763**

1. Corporation Name

JUST YOUR LOCK, INC.

Principal Place of Business

Mailing Address

22718 VISTAWOOD WAY
BOCA RATON FL 33428

22718 VISTAWOOD WAY
BOCA RATON FL 33428



REINSTATEMENT 07

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

11/22/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1058525

Applied For

City & State

City & State

Not Applicable

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 |
|------------|-------------------------------------|--|----------------------|
| PSTD | BEEKMAN, MARSHA | 22718 VISTAWOOD WAY | BOCA RATON FL 33428 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

000024576530
11/10/03--01116--027 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEEKMAN, MARSHA
22718 VISTAWOOD WAY
BOCA RATON FL 33428

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

Marsha Acker Beekman
REGISTERED AGENT MUST SIGN

Date

11/7/03

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:

Marsha Acker Beekman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/03

Daytime Phone #

CP2E040 (7/03)

1-561-488-2442 TEL
1-800-846-5622 TOLL FREE
1-561-488-7146 FAX

Morton Amster
ACCOUNTANT - AUDITOR

8128 CORMYOR WAY
BOYNTON BEACH, FLORIDA
33437

November 7, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

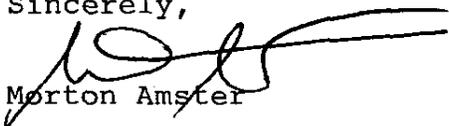
RE: Just Your Lock, Inc.

Gentlemen;

I am the accountant for the above named corporation. My client never received the original annual report. I am herewith requesting that the corporation be reinstated. I am herewith enclosing a check in the amount of \$750.00 to cover the cost of the original report.

Sorry for the inconvenience this has caused and thanking you for kind consideration in this matter.

Sincerely,


Morton Amster