

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000118342

FILED  
Sep 20, 2006  
Secretary of State

Entity Name: JUST BAG IT, INC.

**Current Principal Place of Business:**

3550 SOUTH WASHINGTON AVE  
STE 28A & B  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

5BROAD STREET  
TITUSVILLE, FL 32796

**Current Mailing Address:**

3550 SOUTH WASHINGTON AVE  
STE 28A & B  
TITUSVILLE, FL 32780

**New Mailing Address:**

P.O. BOX 6068  
TITUSVILLE, FL 32782

FEI Number: 26-0043049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JEAN, SHUFORD  
3550 SOUTH WASHINTON AVE  
STE 28A & B  
TOTISVILLE, FL 32780 US

**Name and Address of New Registered Agent:**

JEAN, SHUFORD  
5 BROAD STRTEET  
TITUSVILLE, FL 32796 US

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.

SIGNATURE: JEAN SHUFORD

09/20/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHUFORD, JEAN  
Address: 5430 CURTIS BLVD  
City-St-Zip: COCOA, FL 32927

Title: VP ( ) Delete  
Name: CHILDERS, PAMELA  
Address: 2959 DAIRY ROAD.  
City-St-Zip: TITUSVILLE, FL 32796

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN SHUFORD

PRES

09/20/2006

Electronic Signature of Signing Officer or Director

Date