

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP -6 PM 3:02

DOCUMENT # P02000010551

1. Corporation Name

Justin Management, Inc.

2. Principal Office Address - No P.O. Box #

2618 NE 11 Court

3. Mailing Office Address

2618 NE 11 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

Zip
33304

Country
US

Zip
33304

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

043648068

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Justin Teke

Street Address (P.O. Box Number is Not Acceptable)
2618 NE 11 Court

Suite, Apt. #, Etc.

City
Ft. Lauderdale

State
FL

Zip Code
33304

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

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
PD	Can Birol	2618 NE 11 Court	Ft. Lauderdale, Fl. 33304
D	Justin Teke	2618 NE 11 Court	Ft. Lauderdale, Fl. 33304

REINSTATEMENT

04-07

100109129611
09/05/07-01015-014 **\$600.00

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #