2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 09, 2004
Secretary of State

DOCUMENT# P02000065439

Entity Name: JUSTINE HEALAN, INC.

Current Principal Place of Business:

9220 BONITA BEACH RD STE 112
BONITA SPRINGS, FL 32135

New Principal Place of Business:

1260 BILTMORE RD
FORT MYERS, FL 33901

Current Mailing Address:

9220 BONITA BEACH RD STE 112
BONITA SPRINGS, FL 32135

New Mailing Address:

1260 BILTMORE RD
FORT MYERS, FL 33901

FEI Number: 46-0484841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEALAN, JUSTINE
9220 BONITA BEACH RD STE 112
BONITA SPRINGS, FL 32135 US

Name and Address of New Registered Agent:

HEALAN, JUSTINE
1260 BILTMORE RD
FORT MYERS, FL 33901 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: JUSTINE HEALAN 12/09/2004
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: D ( ) Delete
Name: HEALAN, JUSTINE
Address: 9220 BONITA BEACH RD STE 112
City-St-Zip: BONITA SPRINGS, FL 32135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HEALAN, JUSTINE
Address: 1260 BILTMORE RD
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUSTINE HEALAN MS. 12/09/2004
Electronic Signature of Signing Officer or Director Date