

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 15 PM 2:15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000011991

1. Corporation Name

JUST DOO INC.

800082319978
12/06/06--01039--005 **750.00

REINSTATEMENT 06

2. Principal Office Address

~~12735 White Rapids Dr~~
5462 Central Florida
Parkway

City & State

Orlando, Florida

Zip
32821

Country

USA

3. Mailing Office Address

12735 White Rapids Dr

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0644847

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas J Meyer

Street Address (P.O. Box Number is Not Acceptable)

12735 White Rapids Dr

Suite, Apt. #, Etc.

City

Orlando

Florida

32828

State

FL

Zip Code

32828

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

X *Thomas J Meyer*

REGISTERED AGENT MUST SIGN

Date 12-11-06

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
DPST	Kathleen R GASKO	12735 White Rapids Dr	Orlando, Fla 32828
OV	Thomas J. Meyer	12735 White Rapids Dr	Orlando, Fla 32828

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:

Kathleen R Gasko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-10-06

Daytime Phone #