

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000041801

Entity Name: JUST INVESTMENTS, INC.

FILED  
Oct 26, 2006  
Secretary of State

## Current Principal Place of Business:

4 SAWGRASS VILLAGE  
SUITE 230B  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

## Current Mailing Address:

4 SAWGRASS VILLAGE  
SUITE 230B  
PONTE VEDRA BEACH, FL 32082

## New Mailing Address:

FEI Number: 20-2536623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALCOLM ANTHONY, P.A.  
4 SAWGRASS VILLAGE  
SUITE 230B  
PONTE VEDRA BEACH, FL 32082 US

## Name and Address of New Registered Agent:

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: MALCOLM ANTHONY

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: ANTHONY, MALCOLM  
Address: 4 SAWGRASS VILLAGE SUITE 230B  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: ANTHONY, ANDREA L  
Address: 4 SAWGRASS VILLAGE SUITE 230B  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: MANN, W. DOUGLAS  
Address: 4 SAWGRASS VILLAGE SUITE 230B  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: MANN, MICHELLE J  
Address: 4 SAWGRASS VILLAGE SUITE 230B  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MALCOLM ANTHONY

D

10/26/2006

Electronic Signature of Signing Officer or Director

Date