

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

10 MAR -3 AM 10:03

DOCUMENT # P06000037536

1. Corporation Name

Just Villas Inc

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

2602 Tryon Pl

Suite, Apt. #, etc.

3. Mailing Office Address

2602 Tryon Pl

Suite, Apt. #, etc.

City & State

Windermere

City & State

Windermere

Zip

34786

Country

USA

Zip

34786

Country

USA

 800166324598
 01/15/10-01036-008 **150.00
 02/26/10 01043 015 \$300.00
 REINSTATEMENT 02-10
 To Be Returned to Florida 03/15/2006

5. FEI Number

760521590

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

Edward P. Jordan II

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

1460 East Highway 50

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

☒ 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 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/12/10

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
P	Roy Exton	2602 Tryon Pl	Windermere, FL 34786
VP	Janette Exton	2602 Tryon Pl	Windermere, FL 34786

10. E-mail Address: JUSTVILLAS@aol.com

(To be used for future annual report notification)

11. 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. I further certify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-2010

407-907-9472