


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000073063		
1. Entity Name JUSTIN SOULTATOS, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 19 AM 10:33

Principal Place of Business 60 NE 48TH STREET FT LAUDERDALE, FL 33334	Mailing Address 60 NE 48TH STREET FT LAUDERDALE, FL 33334
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.

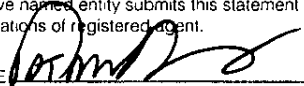
05072009 REIN-P CR2E098 (1/07)

City & State	City & State	4. FEI Number 20-4945546	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ADAMS, NATALIE M 1333 NW 87 AVENUE CORAL SPRINGS, FL 33071	

7. Name and Address of New Registered Agent	
Name NATALIE M. ADAMS, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1640 W. OAKLAND PARK BLVD., #303	
City FORT LAUDERDALE	Zip Code FL 33311

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 5/7/09

Signature, typed or printed name of registered agent and title if applicable

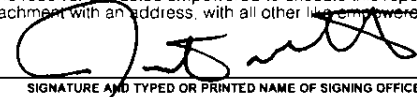
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOULTATOS, JUSTIN 60 NE 48TH STREET FT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4001561326-44 05/18/09--01029--017 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 5/7/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #