


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000032018	
1. Entity Name JUST KHAZERAY, INC.	

Principal Place of Business 5220 BUTLER STREET PITTSBURGH, PA 15201	Mailing Address 5220 BUTLER STREET PITTSBURGH, PA 15201
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2. Principal Place of Business - No P.O. Box # 515 JOHN KNOX RD.	3. Mailing Address 515 JOHN KNOX RD.
Suite, Apt. #, etc. TALLAHASSEE	Suite, Apt. #, etc. TALLAHASSEE, FL
City & State TALLAHASSEE, FL	City & State TALLAHASSEE, FL
Zip 32303	Country LEON

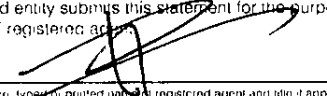
FILED
09 JUL 22 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07222009 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent FISHER, RAYMOND 880 NE 69TH STREET APT. 7P MIAMI, FL 33138	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 480 NE 30 ST. #1507 City MIAMI FL Zip Code 33137
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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.

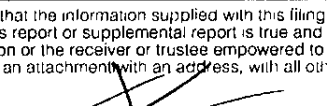
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 7/22/09

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	VD FISHER, RAYMOND 5220 BUTLER STREET PITTSBURGH, PA 15201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISHER, KERI 5220 BUTLER STREET PITTSBURGH, PA 15201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500158807485 <input type="checkbox"/> Change <input type="checkbox"/> Addition 07/23/09--01001--001 **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
08-09
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 7/22/09 DAYTIME PHONE #: 724 612 4006