

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -2 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007844

1. Corporation Name

Just One More Time Corporation

2. Principal Office Address

231-C Riverside Dr.

Suite, Apt. #, etc.

C

City & State

Holly Hill FL

Zip

32117

Country

Volusia

3. Mailing Office Address

777 W. Lindenwood

Suite, Apt. #, etc.

City & State

Ormond Bch. FL

Zip

32174

Country

Volusia

REINSTATEMENT 93-04

400029739454

03/03/04--01004--005 **2864.75

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 30, 1992

5. FEI Number

59-3018300

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

Gary H. Neely

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

777 W. Lindenwood

Suite, Apt. #, Etc.

City

Ormond Bch.

State

FL

Zip Code

32174

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

Date 01-30-04

REGISTERED AGENT MUST SIGN

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
Pres.	Gary H. Neely	777 W. Lindenwood	Ormond Bch. FL 32174
V-Pres	Steve Neely	P.O. Box 672	Bunnell FL 32110
Secy TRES	Helen Brown	777 W. Lindenwood	Ormond Bch. FL 32174

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 under section 119.07(3)(i), 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: Helen Brown Helen Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-04

Date

877-660-7500

Daytime Phone #

EX 113

CR2081 (10/02)