

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 NOV 27 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000008688**

1. Corporation Name

JUSTIN BUILDERS, INC.

Principal Place of Business

11410 W. SAMPLE RD.
CORAL SPRINGS FL 33065
US

Mailing Address

PO BOX 8805
CORAL SPRINGS FL 33075

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1992

5. FEI Number

65-0373843

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MAYERCHAK, RHEA	1630 N. FEDERAL HWY.	FT. LAUDERDALE FL 33305
P	MAYERCHAK, JOSEPH	11410 W. SAMPLE ROAD	CORAL SPRINGS FL

700002018807--7
-12/04/96--01001--020
****383.75 ****383.75

8. Name and Address of Current Registered Agent

~~BLOOM, GREGORY J~~ **BARBARA A. ENGEL**
1630 N. FEDERAL HWY. 11412 W. SAMPLE RD.
FORT LAUDERDALE FL 33305 / CORAL SPRINGS, FL

9. Name and Address of New Registered Agent

Name **BARBARA ENGEL**
Street Address (P.O. Box Number is Not Acceptable)
11412 W. SAMPLE ROAD
Suite, Apt. #, Etc.
City **CORAL SPRINGS** State **FL** Zip Code **33065**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Barbara A. Engel
REGISTERED AGENT MUST SIGN

Date **11/27/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(b), 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:

Joseph Mayerchak
JOSEPH MAYERCHAK PRES 11/26/96

SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

954 346 5665