

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 18 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000071788**

1. Corporation Name

JUST RECOVERIES, INC.

Principal Place of Business

Mailing Address

1905 HILLCREST DRIVE
LAKE WORTH FL 33461

1905 HILLCREST DRIVE
LAKE WORTH FL 33461



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

REINSTATEMENT *9e*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0650681

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	CROSSMAN, LINDA G	1505 HILLCREST DRIVE	LAKE WORTH FL 33461
P	CROSSMAN, SCOTT H	1505 HILLCREST DRIVE	LAKE WORTH FL 33461
			600002010756--5 -11/21/96--01022--009 ****375.00 ****375.00

5. Name and Address of Current Registered Agent

6. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

LINDA CROSSMAN

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

1505 HILLCREST DR.

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip

33461

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

Linda Crossman
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-8-96

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)(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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/96
Date

Daytime Phone #

561-586-8443