PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P96000030520**

1. Corporation Name JUST US GUYS INVESTMENTS, INC.							pt 10/31 PM 4:15			
Principal Place of Business 2323 CURLEW ROAD STE 7E PALM HARBOR FL 34683			Mailing Address 2323 CURLEW ROAD STE 7E PALM HARBOR FL 34683							
	incipal Office	3. New Mai	ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 04/01/1996			
City & State Zip Country			City & State Zip Country			y	5. FEI Number 59 - 3386/11/6 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED 88.75 Additional Fee required			
7. Names	and Street Ad	dresses of Each Officer ar	d/or Director (FI	orida nonprofi		tions must list at lea	est 3 directors)	for	a Certificate of Status	
Title(s) D	2 and/or Directors ABERNATHY, J M			3 (Do NOT Use Post Office Box I				4 ST PETERSBURG FL		
D	DWYER, BRIAN J			4309 SAN PEDRO				TAMPA FL	•{	
D	HATCH, WILLIAM G			719 SPENCER				CLEARWATER FL		
D	O'BRIEN, KEVIN L			3122 EGRET TERRACE			8	SAFETY HARBOR FL BOOO23363981 -11/03/9701107012 -****750.00 ****750.00		
8. Name and Address of Current Registered Agent ABERNATHY, JAMES M 2323 CURLEW ROAD STE 7E PALM HARBOR FL 34683						9. Name and Address of New Flegistered Agent Name Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. City State Zip Code				
Signature o Registered	Agent		allow REGISTERED AC	TRUM THE	SIGN	1	oligations of Secti	on 607.0505, F.S. Date 6/28/	97	
		ration owes or h Personal Prope				Yes 🔲	No 🗵	(See other side f on intangit		
this rein owed by	statement app the corporati	olication, the reason for dis	solution has beer anames of individe	n eliminated, t duals listed or	he corpo this forr	rate name satisfies : n do not qualify for a	the requirements an exemption und	pter 607 or 617, F.S. I further ce of section 607.0401 or 617.0401 der section 119.07(3)(i), F.S. The	i. F.S., that all fees	

SIGNATURE:

SQUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/97 813-785-9800)
Date Daytime Phone #