

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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11/26/02--01030--023 **1200.00

REINSTATEMENT 99-02

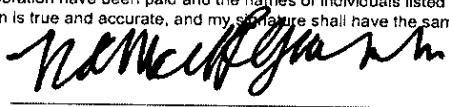
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000032244			
1. Corporation Name JUST SAY WHOA, INC.			
2. Principal Office Address 1009 Waverly Road Suite, Apt. #, etc. City & State Tallahassee, FL Zip 32312 Country Leon		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country	

4. Date Incorporated or Qualified To Do Business in Florida 04/12/1996	
5. FEI Number 59-3376527	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Nancy R. Gunn		
Street Address (P.O. Box Number is Not Acceptable) 1009 Waverly Road		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32312

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 11/25/2002
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
P/D	Nancy R. Gunn	1009 Waverly Road	Tallahassee, FL 32312

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: 	11/25/2002 850-385-3843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E081 (9/01)