

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 22 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000000184

1. Corporation Name

Just Travel Inc.

2. Principal Office Address

1868 N University Dr.

Suite, Apt. #, etc.

#101

City & State

Plantation, FL

Zip

33322

Country

U.S.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

100008564751  
10/24/02--01036--001 \*\*750.00

**REINSTATEMENT 02**

4. Date Incorporated or Qualified  
To Do Business in Florida

1/2/97

5. FEI Number

65-071-4944

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

Jackie Shaifer

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

1868 N. University Dr.

Suite, Apt. #, Etc.

#101

City

Plantation

State

FL

Zip Code

33322

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

Jackie Shaifer (pro)  
REGISTERED AGENT MUST SIGN

Date 10/21/02

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	Jackie Shaifer	<u>#101</u> <u>1868 N University Dr.</u>	<u>Plantation FL 33322</u>
S.T. Dir	Jackie Shaifer	<u>1868 N University Dr</u>	<u>Plantation FL 33322</u>

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:

Jackie Shaifer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02 954-236-8383  
Date Daytime Phone #

CR2E081 (9/01)