

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 19 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000000184**

1. Corporation Name

JUST TRAVEL, INC.

Principal Place of Business

1868 NORTH UNIVERSITY DRIVE
SUITE 101
PLANTATION FL 33322

Mailing Address

1868 NORTH UNIVERSITY DRIVE
SUITE 101
PLANTATION FL 33322

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1997

5. FEI Number

65-0714944

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 3	City / State / Zip 4
PSTD	SHAIFER, JACKIE S	1868 NORTH UNIVERSITY DRIVE	PLANTATION FL 33322

000025630540
12/19/03--01040--003 **150.00

8. Name and Address of Current Registered Agent

SHAIFER, JACKIE
1868 NORTH UNIVERSITY DRIVE
SUITE 101
PLANTATION FL 33322

9. Name and Address of New Registered Agent

Name **Jackie Shaifer**
Street Address (P.O. Box Number is Not Acceptable)
1868 n University Dr.
Suite, Apt. #, Etc.
Suite 101
City **Plantation FL** State **FL** Zip Code **33322**

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **12/1/03**

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/03 954-236-8383
Date Daytime Phone #

CR2E040 (7/03)

Dear Sir or Madam,

For some reason, I did not receive the Florida Annual Report for 2003. Forgive me for not filing by May 1st, 2003. Please accept this check as full payment of 2003 fees and please reinstate in good standing as a Florida Corporation.

Thank you in advance,

Jackie Shaifer, President
Just Travel, Inc.