

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 14 PM 12:01

DOCUMENT # P99000012509

1. Corporation Name

JUST FOR GIGGLES INC

REINSTATEMENT

01-02

2. Principal Office Address

638 MULBERRY ST

Suite, Apt. #, etc.

3. Mailing Office Address

10 FLORIDA AVE

Suite, Apt. #, etc.

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-10/14/02--01021--002

****900.00 ****900.00

City & State

DAYTONA BEACH FL

City & State

BLACK MTN. NC

Zip

32114

Country

USA

Zip

28711

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-08-1999

5. FEI Number

59-3559188

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 Hays Street, Tallahassee FL 32301

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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**

Shirley A. Blewett Authorized Rep.
REGISTERED AGENT MUST SIGN

Date

10/8/02

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.	SCOTT HOLTZ	10 FLORIDA AVE	BLACK MTN-NC-28711

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/02

Date

828 669-4785

Daytime Phone #