

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 DEC -5 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S04773

1. Corporation Name

JUSTIN L. H. INC.

Principal Place of Business

127 FOREST LAKES BLVD. SOUTH  
OLDSMAR FL 34677-3029

Mailing Address

127 FOREST LAKES BLVD. SOUTH  
OLDSMAR FL 34677-3029

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/18/1990

5. FEI Number

59-3029245

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
DST	DUNNE, ROBERT	127 FOREST LAKES BLVD.	OLDSMAR FL
DP	HENNESSY, EDWARD F.	127 FOREST LAKES BLVD.	OLDSMAR FL
V	HENNESSY, CATHY	127 FOREST LAKES BLVD.	OLDSMAR FL 34677

200009370922

12/05/02--01037--009 \*\*750.00

8. Name and Address of Current Registered Agent

KUTCHINS, BRYAN A  
3974 TAMPA ROAD  
SUITE A  
OLDSMAR FL 34677

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Bryan A Kutchins*  
REGISTERED AGENT MUST SIGN

Date 11-15-02

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:

*Edward F. Hennessy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/2/02 813854-2255

CR2E040 (8/02)