

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC 10 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

V34403

1. Corporation Name

JUSTIN TIME PIZZA, INC

Principal Place of Business

605 Seville CT  
SATELLITE BEACH  
FLA 32937

Mailing Address

605 Seville CT  
SATELLITE BEACH  
FL 32937

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

MAY 7, 1992

5. FEI Number

59-3122889

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	RONALD A JUSTIN	605 Seville CT	SATELLITE BEACH FL 32937
VICE-PRES	FREDERICK W. JUSTIN	605 Seville CT.	SATELLITE BEACH FL 32937
			800002712219--2
			-12/14/98-01135-020
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~RONALD A JUSTIN~~  
F. LINGS, INC  
3732 N.W. 16th STREET  
FORT LAUDERDALE FLORIDA 33311

9. Name and Address of New Registered Agent

Name  
FREDERICK W JUSTIN  
Street Address (P.O. Box Number is Not Acceptable)  
605 Seville CT  
Suite, Apt. #, Etc.  
3  
City  
SATELLITE BEACH  
State  
FL  
Zip Code  
32937

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.

Signature of  
Registered Agent

*Fred W Justin*

REGISTERED AGENT MUST SIGN

Date 12/17/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Fred W Justin*

FREDERICK W JUSTIN

12/17/98 907-773-4456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)