

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:05

1. DOCUMENT # M01000000340
Name and Mailing Address

0016870 01 MB 0.309 **AUTO T1 0 0615 89128-104550
MJK VENTURES, LLC
7469 W. LAKE MEAD BLVD., STE 200
LAS VEGAS NV 89128-1045

700024540957
11/10/03-01011--003 **150.00



CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation NV	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/08/2001	
Principal Place of Business 7469 W. LAKE MEAD BLVD., STE 200 LAS VEGAS NV 89128	3. New Principal Place of Business Address	6. FEI Number 91-2095127	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HALPERN, MARCIA 142 LOST BRIDGE DR. PALM BEACH GARDENS FL 33410		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Marcia Halpern* **SIGNATURE REQUIRED** Date 11/4/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HALPERN, MARCIA	142 LOST BRIDGE DRIVE	PALM BEACH GARDENS FL 33410

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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *Marcia Halpern* **SIGNATURE REQUIRED** Date 11/4/03 Daytime Phone # 561-622-8560
Typed or printed name of signing Managing Member/Manager MARCIA HALPERN