



PLEASE READ ALL INSTRUCTIONS BEFORE C

900263439559

REINSTATEMENT

09/25/14--01010--007 ***635.00

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P08000108669					
1 Corporation Name MLJ VENTURES, INC					
2. Principal Office Address - No P.O. Box # 1221 BRICKELL AVE Suite, Apt. #, etc. SUITE 660 City & State MIAMI, FLORIDA			3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country		
Zip 33131		Country USA		4. Date Incorporated or Qualified To Do Business in Florida 12/15/2008	
				5. FEI Number 26-3910577	
				Applied For NOT Applicable	
				6. CERTIFICATE OF STATUS DESIRED	
				\$6.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name DALE REED					
Street Address (P.O. Box Number if Not Applicable) 1221 BRICKELL AVE					
Suite, Apt. #, Etc. SUITE 660					
City MIAMI		State FL		Zip Code 33131	
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				Date 10/13/14	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
CEO	JOHN YANOPOULOS	1221 BRICKELL AVE		MIAMI FLORIDA 33131	
AGENT	DALE REED	1221 BRICKELL AVE		MIAMI FLORIDA 33131	
10. E-mail Address: Joseph.Geluso@y-group.com (To be used for future annual report notification)					
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.185, F.S.					
SIGNATURE:				10/13/14 305-769-3777	
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED
OCT 15 PM 2:32

CARROTHERS
OCT 15 2014