

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 APR 20 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

897265

1. Corporation Name

MARJOHN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4100 EAST BAY DRIVE A-4  
CLEARWATER, FL 33764

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

4. Date Incorporated or Qualified  
To Do Business in Florida

01-01-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3098210

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	JOHN S. ROSICA	1262 DeLeon CT	Palm Harbor, FL 34683
T	Paula Rosica	1262 DeLeon CT	Palm Harbor, FL 34683
C	JOHN S. ROSICA	1262 DeLeon CT	Palm Harbor, FL 34683
			600002498626-- 1
			-04/23/98--01123--012
			***1050.00 ***1050.00
			842/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHN S. ROSICA  
1262 DeLeon CT  
Palm Harbor, FL 34683

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.

Signature of  
Registered Agent

JOHN S. ROSICA

REGISTERED AGENT MUST SIGN

Date 04-16-98

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN S. ROSICA - Pres. 04-16-98 813-536-5511

Date

Daytime Phone #