

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

DOCUMENT # K19701

1. Entity Name
MARJU CORP.



04 NOV 10 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
169 E FLAGLER ST
SUITE 1600
MIAMI, FL 33131 US

Mailing Address
169 E FLAGLER ST
SUITE 1600
MIAMI, FL 33131 US

REINSTATEMENT 04

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10252004

REIN-P

CR2E098 (6/04)

City & State

City & State

4. FEI Number

65-0040191

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, ELLIOTT
111 SW 3
6 FL
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name
Helene Lindenfeld
Street Address (P.O. Box Number is Not Acceptable)
169 E. Flagler St.
Suite 1600
City
Miami FL Zip Code
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Helene Lindenfeld

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> Delete
NAME	LINDENFELD, JUDITH	
STREET ADDRESS	169 E FLAGLER 1600	
CITY-ST-ZIP	MIAMI, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LINDENFELD, MARTIN	
STREET ADDRESS	169 E FLAGLER #1600	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LINDENFELD, DANYA	
STREET ADDRESS	169 E FLAGLER 1600	
CITY-ST-ZIP	MIAMI, FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	RESSLER, GARY	
STREET ADDRESS	169 E FLAGLER STE 1600	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helene Lindenfeld	
STREET ADDRESS	169 E. Flagler 1600	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Helene Lindenfeld

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #