

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John H. Harland
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 28 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 520984

1. Corporation Name

MAJACO CORP.

Principal Place of Business

1260 SW 15 STREET
BOCA RATON FL 33486
US

Mailing Address

1260 SW 15 STREET
BOCA RATON FL 33486
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1976

5. FEI Number

59-1711371

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	4. City / State / Zip
P	CAMPBELL, MARLENE	1260 S.W. 15 ST.	BOCA RATON FL

900003034659--8
-11/04/99--01033--002
****150.00 ****150.00

8. Name and Address of Current Registered Agent

CAMPBELL, MARLENE
1260 S.W. 15 ST.
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name MARLENE LAVERNIA
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 *M. Lavernia*

Date 10/14/99

REGISTERED AGENT MUST SIGN

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., 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.

KE

SIGNATURE:

M. Lavernia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/99 (561)338-1732

Date Daytime Phone #

October 25, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O.Box 6327
Tallahassee, FL 32314-6327

Re: 59-1711371

To whom it may concern:

I have just received my FIRST notification of any kind regarding the above Corporation. The notification I just received is for reinstatement of which I have not received any prior notices.

I have been recently divorced and have had some trouble with the mail (name change, ex-husband collecting it and disposing of it, etc.)

I respectfully request that you accept the annual fee of \$150.00 as this has never happened before and I was never in receipt of ANY correspondence from your department.

Please inform me as to your decision.

Sincerely,



Marlene Lavernia

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