

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

90 JUN 21 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/24/99--01085--021
***2535.00 ***2535.00

DOCUMENT # 594777

Corporation Name

MD & J ENTERPRISES, INC.

Principal Place of Business

810 S.W. 27 Avenue
Miami, Fla. 33135

Mailing Address

810 S.W. 27 Avenue
Miami, Fla. 33135

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

REINSTATEMENT 80-99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/18/78	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1871454	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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/S	MYRTHA D. JEAN	810 SW 27 Ave.	Miami, Fla. 33135
VP	KAREEN ALEXANDRA JEAN	810 SW 27 Ave.	Miami, Fla. 33135

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
MYRTHA D. JEAN
Street Address (P.O. Box Number is Not Acceptable)
810 S.W. 27 Avenue
Suite, Apt. #, Etc.
City
Miami, Florida
State
FL
Zip Code
33135

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

Myrtha Jean

REGISTERED AGENT MUST SIGN

Date 6/17/99

11. This corporation owes 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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Myrtha Jean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/99

Date

Daytime Phone #

CRP2081 (12/98)