

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC 14 PM 5:03	
DOCUMENT # K37483					
1. Corporation Name MJN Inc					
2. Principal Office Address 1503 US Hwy 92 W Suite, Apt. #, etc. 100 City & State Auburndale, FL		3. Mailing Office Address PO Box 450065 Suite, Apt. #, etc. City & State Kissimmee, FL		4. Date Incorporated or Qualified To Do Business in Florida 10/6/1988	
Zip 33823	Country USA	Zip 34745	Country USA	5. FEI Number 59-2916134	Applied for Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$9.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name William C Martino Jr					
Street Address (P.O. Box Number is Not Acceptable) 3401 Old Polk City Rd Suite, Apt. #, Etc.					
City Lakeland		State FL	Zip Code 33809		
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 11/9/01			
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / Street / Zip		
P	William C Martino Sr	PO Box 450065	Kissimmee, FL 34745		
VST	William C Martino Jr	PO Box 450065	Kissimmee, FL 34745		
10. 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:		Date 11/9/01			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

MJN INC
PO Box 450065
Kissimmee, FL 34745

December 7, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Secretary of State:

We have received your latest correspondence regarding the reinstatement of the above named corporation. In October of 2000 we moved our accounting office from a Kissimmee location to a Lakeland location. We believe that in this process of moving, we never did receive the uniform business report. Due to the fact that we have never overlooked filing this document in the past, we certainly would have taken care of it this time if the form had been in our possession. With this in mind, we again are requesting that you waive the reinstatement fees and accept our renewal, which we have enclosed.

Respectfully,



William C Martino Jr.
Vice President

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32314
DECEMBER 11 2001