

112

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 18 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K39627	
1. Entity Name M.J.M. COMMUNICATIONS CORP.	



Principal Place of Business 10750 STONEBRIDGE BLVD. BOCA RATON, FL 33498 US	Mailing Address 10750 STONEBRIDGE BLVD BOCA RATON, FL 33498 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10102005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0086773		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EDELMAN, JEROME 10750 STONEBRIDGE BLVD. BOCA RATON, FL 33498		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDELMAN, JEROME 10750 STONEBRIDGE BLVD. BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000060691240 10/18/05--01004--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDELMAN, MITCHELL 10750 STONEBRIDGE BLVD. BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Jerome Edelman</i>	Date: <i>10/18/05</i>	Daytime Phone #: <i>5614519202</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

MTM COMMUNICATIONS CORP ²¹²
OCTOBER 15 2005

To Whom It May Concern,

Please reinstate my corporation as we never received notification that payment for the year 2005 was due. If you check our previous records you'll find that we always paid in a timely fashion. This is a non-operating company, we only want to retain the corporation in the event we decide to make it operational in the future.

Thank you for your kind attention to this matter.

Very Truly Yours
James Edelman
10750 STONEBRIDGE BLVD
BOCA RATON, FL 33498

P.S. Please note that I paid the Palm Beach County Occupational license when required.