

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 NOV 14 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K62390**

1. Corporation Name

**MJR MANAGEMENT, INC.**

1110 Crystal Drive  
Palm Beach Gardens, FL 33418

Principal Place of Business

Mailing Address

201 S. DISCAYNE BLVD. SUITE 1800  
MIAMI FL 33131

201 S. DISCAYNE BLVD. SUITE 1800  
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/01/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0100484

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BALOUS, JOE	1110 CRYSTAL DR	PALM BEACH GARDENS FL
D	NASH, RICHARD J.	6772 PACIFIC DRIVE	STUART FL
D	POLSELL, MICHAEL	6772 PACIFIC DRIVE	STUART FL

800002006228--9  
-11/15/96-01086-016  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHEEH & VENDITELLI PA

201 SO DISCAYNE BLVD ONE DISCAYNE TOWER  
STE 1800  
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

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

*Joe Balous*  
REGISTERED AGENT MUST SIGN

Date

10/28/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Joe Balous*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Balous

President/Director

Date

10/24/96

Daytime Phone #

561-622-0014