

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

96 NOV 20 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L50503

1. Corporation Name

MJD INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

LAMONT, NEWMAN & FEUERMAN PA
1 DISCAYNE TOWER 2 S DISCAYNE BVD STE 3350
MIAMI FL 33131

LA MONT, NEMAN & FELDERMAN, PA
1 DISCAYNE TOWER 2 8 DISCAYNE BVD STE 3350
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zbo

Country

Zn

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

[illegible]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAMONT & NEIMAN, PA
ONE BISCAYNE TOWER SUITE 3550
TWO SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

Name _____

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

Suite, Apt. #, Etc.

City

State

Zip Code _____

FILE

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**

Rabek H. Lem

Robert S. Lamont, REGISTERED AGENT MUST SIGN

Date 11/18/96

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 of 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:

DADEL A. HERNANDEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rafael A. Hernandez, President

314-530-4588
Daytime Phone #