SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

تجابعيها وسروموف PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE **CORPORATION** Katherine Harris REINSTATEMENT 02 MAY 22 AM 11:53 Secretary of State -DIVISION OF CORPORATIONS SECRETARY OF STATE TALCAHASSEE, FLORIDA "Designs" by DOCUMENT # M & J Industries, Inc. 1. Corporation Name 3954 N.E. 5th Terrace Oakland Park, FL 33334 600006071886--7 . =06/27/02--01071--003 ****300.00 ****300.00 2. Principal Office Address 3. Mailing Office Address 3954NE 5th TER 3954 NE 5+hTER, Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State OAKLAND PARK FL OAKLAND PARK FL. 650175458 Not Applicable 3333<u>4</u> 33334 \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Name and Address of Current Registered Agent GERALD W. BENNETT Street Address (P.O. Box Number is Not Acceptable)
3975 NW 25th WAY State Zip Code BOCA RATON, FL 33434 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 _ 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Titles Street Address of Each Officer and/or Director City / State / Zip GERALD W. BENNETT 3975NW 25+1 WAY BOCA RATON FL 33434 RENÉE ZUNINO 1900 SW 75th AVE PLANTATION, FL 33317 RENEE ZUNINO 1900 SW 75th AVE PLANTATION FL-33317 201.25 AR 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 filling 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 accurate, and my signature shall have the same legal effect as if made under oath.

5-16-02 954-537-9144

Date

Daytime Phone #