

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN -9 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000012792

1. Corporation Name

M.J. INTERMODAL, INC.

2. Principal Office Address

8720 Somers Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 551260

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32226

Country

USA

Zip

32255-1260

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/2000

5. FEI Number

59-3623310

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-05

900055379659
05/26/05--01066--008 **1200.00

7. Name and Address of Current Registered Agent

Name

Ansbacher & Schneider, P.A.

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

5150 Belfort Road

Suite, Apt. #, Etc.

Building 100

City

Jacksonville

State

FL

Zip Code

32256

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

Michael N. Schneider

Date 5/24/2005

By: Michael N. Schneider 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 / State / Zip
D	James B. Shannon, Jr.	1926 Derringer Road	Jacksonville, FL 32225
D	Margo J. Shannon	1926 Derringer Road	Jacksonville, FL 32225

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:

Margo J. Shannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Margo J. Shannon

5/23/2005 (904) 757-6008
Date Daytime Phone #

CR2E081 (01/05)

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