

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -7 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000015481

1. Corporation Name

M & J Interiors, Inc.

2. Principal Office Address

P.O. Box 1727

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

34711

Country

USA

3. Mailing Office Address

P.O. Box 1727

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

34711

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

February 11, 2000

5. FEI Number

59-3625297

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark A. Lilley

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

1030 Jayhil Drive

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

Date

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
P T VP S	Mark A. Lilley	1030 Jayhil Drive	Clermont, FL 34711
	James L. Stewart, Jr.	8051 Via Hermosa Street	Sanford, FL 32771

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/2/03

Daytime Phone #

CR2E081 (9/00)



Assured Accounting Concepts, Inc.

240 Mohawk Road
Clermont, Florida 34711

352-394-4048

Fax 352-394-3272

119 W. Lemon Street
Lady Lake, Florida 32159

352-753-1337

Fax 352-753-9336

May 2, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: M & J Interiors, Inc.
59-3625297

Dear Sir or Madam:

Enclosed please find a check in the amount of \$300.00. The above referenced corporation did not receive the Uniform Business Report for the year 2002 nor 2003. The company had moved and the report was not forwarded to the new address.

We understand that it is our responsibility to provide a change of address to the state so that this problem does not occur. We are respectfully requesting that the penalties be waived this time. We made a human error and the penalties would create a financial hardship.

Please consider this one-time request. Thank you for your consideration in this matter.

Very truly yours,

Peggy L. Abraham

PLA/mm
Enc.