## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000056420  1. Entity Name MAJIEC, INC.								07	FILED MAY 18 AM		
Principal Plac		S	Mailing Address				SE	CRETARY OF	STATE		
				7007 N.W. 30TH STREET MIAMI, FL 33122				TALLAHASSEE, FLORIDA			
2. Principal Place of Business - No P.O. Box # (3/0 N.W. 99 AVENUE) Suite, Apt. #, etc.				3. Mailing Address 63/0 N.W. 99 AVENUE Suite, Apt. #, etc.							
								05142007	REIN-P	CR2E098 (1/07)	
DORAL FLICIOA			D	DORAL, FLORIDA				4. FEI Numb 65-102		<del></del>	ptied For et Applicable
Zip		Country		Zip	Cour	,			e of Status Desired	\$8.75 Add	litional
3317		USA and Address of Current		3/78 stered Agent	0.	SA			d Address of New Reg	Fee Require	d .
RODRIGUEZ, ALFONSO C.P.A. 6750 CORAL WAY, STE. 100 MIAMI, FL 33155						Name COBERT STELLING  Street Address (P.O. Box Number is Not Acceptable)					
				63/0 N.			<i>N.</i> K	W. 99 AVENUE			
9 Th						City Z	DORA	94		FL Zip Cod	78
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$300.00									In accordance with corporation did not		
10.	I SUFF	OFFICERS AND	DIRE		11.		1	ADDITIONS	/CHANGES TO OFFICE		
NAME STREET ADDRESS CITY-ST-ZIP	PVT Delete IRMA, M CHIRINO 2401 NW 93 AVE MIAMI, FL 33172					.E Ke Eet address (-S1-ZIP		3 05/1	001028 8/07-01029		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		G, ROBERT 7. 30TH STREET - 33122	Delete					ROBERT 9 AVENUE 210A 3317F	, Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete					e Me Eet address Y-St-Zip				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					chal	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP				☐ Delete			R	EINST	ATEMENT		☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or sustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: SUCHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylorne Phone P											