| PLEASE READ | ALL INSTRUCTIONS | BEFORE C | OMPLETING TI | HIS FORM. 🎧 | 290 lots |
|--|---|--|---|--|---------------------------------------|
| APPLICATION FOR REINSTATE MENT | FLORIDA DEPARTMEN Katharine Ha Secretary of S | IT OF STATE rris tate | | P* | 1/10/2 |
| | DIVISION OF CORPOR | ATIONS - ~~ | | FILED | · · · · · · · · · · · · · · · · · · · |
| DOCUMENT # P0000064178 | | | 02 JAN -4 AM 9 09 | | |
| M.J.F. AUTO & HOME UPHOLSTERY, INC. | | | | | |
| MIJ.F. AUTO & HOME UPHOL | SIERT, INC. | | SECRE | ETARY OF STATI HASSEE, FLORID | Σ)Δ |
| Principal Place of Business Mailing Address | | | }\[\] | | |
| 410 E BOYNTON BEACH BLVD. BOYNTON BEACH FL 33435 | | | | | |
| If above addresses are incorrect in any way, line thro | ough incorrect information and enter | correction below. | Ph-5 | 61 13 1.0891 | |
| New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable | | | Date Incorporated or C To Do Business in Flor | ida | 2000 |
| uite, Apt. #, etc. Suite, Apt. #, etc. | | | 5. FEI Number | 07/03/2 | Applied For |
| City & State City & State | | 1 | 5. T. E. Manibol | | Not Applicable |
| Zp Country | Zip - 7 (17/2 County | y = | 6. CERTIFICATE OF STATU | | ditional Fee required = |
| 7/A WAIW S(h - | or Director (Florida nonprofit corpora | tions must list at leas | st 3 directors) | (0, 2,0 | Attition of Others |
| Title(s) Name of Officers and/or Directors | Stre | eet Address of Each icer and/or Director | | City / State / Z | ip |
| PSTD FRANCOIS, MARVELLUS J | 410 E. BOYNTON | BEACH BLVD. | BOYNTO | N BEACH FL 33435 | - |
| MarcellasTea | ntaucois 408 | NETA | | 43-0 | |
| | | | | 04781-91 /17/02 0101 **150.00 *** | 44: 6-004 **150.00 |
| | | | | | |
| 8. Name and Address of Current Registered Agent | | | 9. Name and Address of New Registered Agent | | |
| SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE | Name MANCE LUS - Slan FLANCOIS Street Address (P.O. Box Nimber is Not Acceptable) LOS NE 1744 AV. Suite, Apt. #, Etc. | | | | |
| | · · · | City BOYV | top 7ch- | State Zip | 33Y25 |
| 10. I, being appointed the registered agent of the abo | ve named corporation, am familiar wi | th and accept the ob | · _ | | |
| Signature of Registered Agent Hardlus Da | m francois | 78330 | -56/ | 131-0091 3 | 436 5157 |
| I certify that I am an officer or director or the receive this reinstatement application, the reason for dissourced by the corporation have been paid and the roon this application is true and accurate, and my signal. | lution has been eliminated, the corpo names of individuals listed on this for | orate name satisfies t m do not qualify for a | the requirements of section an exemption under section | 607.0401 or 617.0401, F | .S., that all fees |
| SIGNATURE: SIGNATURE AND TYPED OF PRI | US Jan fr | ancois | Date | Daytime | Melone # |

october 22/01 10 who in It may I Moncelles Jan Francois the owner-OF M.J. F House and Auto apholstery INC Did not received - the Form For the 14 corporate 2001 our may Be-2002 hould se Because I ve selv moved-From one Location To anhotherpur New Location Now 408 NE 74 AV. -Boynton BCh - F/A 33435 55# 594-58-1207 PG-5617320091