	PLEASE READ	ALL INS	TRUCTIONS	BEFORE C	COMPLET	ING THIS FOF	RM. Pocca I	4	
	PLICATION FOR		RTMENT OF STATE		FILED				
DIVISION OF CORPORATIONS						01 DEC -3 PM 3: 08			
DOCUMENT # P0000096426 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
MARJA	Y, INC.								
Principal Place of Business Mailing Address									
l .			IALL DR., APT. 406 BEACH FL 33401		20				
	addresses are incorrect in any way, line th				20		אר תכ	PF .	
			To Do			orated or Qualified ness in Florida	10/12/2000		
Suite, Apt. #, etc. Suite, Apt.			5. FE		5. FEI Number		Applied I	For	
City & State City & S Zip Country Zip			Country		65-105	\$ 777 	Not Appl		
		'			<u> </u>	OF STATUS DESIRED	for a Certificate of S	tatus	
	and Street Addresses of Each Officer and Name of Officers	/or Director (Flo		ations must list at lea eet Address of Each					
Title(s) 2 and/or Directors			3 Officer and/or Director			City / State / Zip			
PVST GOLDBERG, ALAN			3636 WHITEHALL DR., APT. 406			WEST PALM BEACH	FL 33401		
D	D GOLDBERG, ALAN			3636 WHITEHALL DR., APT. 406			WEST PALM BEACH FL 33401		
		4 alley de-		<u> </u>	60	000473 -12/18/01- ****150.0	DD 1.5 : -01025004 0 ****150.0	9. , 0 ;	
				•					
	C. Name and Address of Court	D1-4		T					
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent				
GOLDBERG, ALAN Street Address 3636 WHITEHALL DR., APT. 406					P.O. Box Number is Not Acceptable)				
				Suite, Apt. #, Etc.					
				City			State Zip Code		
10. I, being Signature o Registered	Agent	don	oration, am familiar wi	I th and accept the ob	oligations of Secti				
this rein: owed by	that I am an officer or director or the rece statement application, the reason for diss r the corporation have been paid and the application is true and accurate, and my s	iver or trustee er plution has been names of individ	npowered to execute eliminated, the corpo	rate name satisfies to m do not qualify for a	the requirements an exemption und	of section 607.0401 or 61	7.0401, F.S., that all fee	es	

10/22/01 561-373-0984

Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

To whom it may concern,

I am writing to reinstate my corporation.

I have never received any previous notices

to inform me that a business report must

be submitted. I just incorporated D or 2000.

I would appreciate reinstatement.

That I'm for your consideration

Succeedy.

Olm Julbey

Mayay his.