

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

page 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2006 JUN 19 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000117367

1. Corporation Name

MBJ EQUITIES CORP.

2. Principal Office Address

9847 SAGO PT. DR.

Suite, Apt. #, etc.

City & State

LARGO, FLORIDA

Zip

33777

Country

USA

3. Mailing Office Address

9847 SAGO PT. DR.

Suite, Apt. #, etc.

City & State

LARGO, FLORIDA

Zip

33777

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/19/2000

5. FEI Number

59-3689288

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

JOEL JACOBS

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

9847 SAGO PT. DR.

Suite, Apt. #, Etc.

City

LARGO

State

FL

Zip Code

33777

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

REGISTERED AGENT MUST SIGN

Date

6/13/06

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	JOEL JACOBS	9847 SAGO PT. DR.	LARGO, FL 33777
D	VICKI JACOBS	9847 SAGO PT. DR.	LARGO, FL 33777

B 6/20/06

REINSTATEMENT 02-06

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 contained in Chapter 119, 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

JOEL A. JACOBS

Date

6/13/06

Daytime Phone #

727-545-9009  
AT 203

Page 2

**MBJ Equities, Corp.**

9847 Sago Pt. Dr.  
Largo, FL 33777

June 12, 2006

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

**RE: Document # P00000117367**

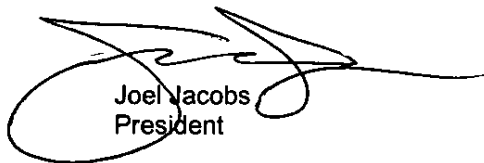
To Whom It May Concern:

Enclosed, please find the Corporation Reinstatement form for the above referenced subject and a check in the amount of \$750.00 to cover the filing years 2002 through 2006.

We are also requesting a wavier of the Reinstatement Fee of \$600.00 because we did not received any notification from the State of Florida regarding the filing of the annual report.

Thank you for your attention to this matter.

Sincerely,



Joel Jacobs  
President