

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -8 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000008138

1. Corporation Name

M & J PERSONALIZED SERVICES

REINSTATEMENT 02-04

800028414378
02/09/04--01057--008 **900.00

2. Principal Office Address

2455 IVY AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2455 IVY AVE

Suite, Apt. #, etc.

City & State

FORT MYERS

City & State

FORT MYERS

Zip

33907

Country

USA

Zip

33907

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/22/01

5. FEI Number

15-1076273

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

MARLO N. OXLEY

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

2455 IVY AVE

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33907

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**

Marlo N. Oxley
REGISTERED AGENT MUST SIGN

Date

1/20/04

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
PVP Sec. Treas	Marlo Oxley	2455 Ivy Ave	Ft. Myers, FL 33907

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:

Marlo N. Oxley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/04

Daytime Phone #

CR2E081 (10/02)