PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 25 PM 2:33

DOCUMENT # P01000013645

1. Corporation Name

MJORDON CONST. CO.

REINSTATEMENT 04-05

2. Principal Office Address	3. Mailing Office Address
5300 N.Powerline Rd.	5300 N Powerline Rd.
Suite, Apt. #, etc.: 203-A	Suite, Apt. #, etc.: 203-A
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33309 Country: Broward	Zip: 33309 Country: Broward

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 65-1064867 ☐ 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: Albert A. Manning Sr.

Street Address (P.O. Box Number is Not Acceptable): 5300 N. Powerline Rd. #203-A

500054686865
05/17/05--01065--010 **900.00

Suite, Apt. #, Etc.: 203-A

City: Fort Lauderdale | State: FL | Zip Code: 33309

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: _____ Date: 4/22/05

REGISTERED AGENT MUST SIGN

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
Pres.	Albert A. Manning Sr.	1480 NW 47th Avenue	Lauderhill, FL 33313

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: _____ 4/22/05 954-958-8915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #