FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 JUL -2 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300021449443
07/10/03--01007--016 **900.00

DOCUMENT # P01000013645

1. Corporation Name
Mjoadon Const. Co.
5300 N. Pamlico Road Suite 203A
Ft Lauderdale Fla 33309

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
Albert Mannings	1480 NW 47 AVE.
Suite, Apt. #, etc. Landuhill FLA	Suite, Apt. #, etc.
City & State	City & State
Zip 33313 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1064867 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Albert Mannings

Street Address (P.O. Box Number is Not Acceptable): 1480 NW 47 Avenue Landuhill Fla 33313

Suite, Apt. #, Etc.

City | State: FL | Zip Code: 33313

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: 7/1/03
REGISTERED AGENT MUST SIGN

CR2E161 (10/00)

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
P	Albert Manning	President	
	1480 NW 47	Avenue	Landuhill
	Fla 33313		

10. I certify that I am an officer or director of 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., and 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: _____ 7/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gl 7/2