PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 UBR

FILED
02 OCT 30 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000020548

1. Corporation Name

MAJ GROUP, INC.

Principal Place of Business	Mailing Address
777 LAKEVIEW DRIVE MIAMI BEACH FL 33140	777 LAKEVIEW DRIVE MIAMI BEACH FL 33140

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/26/2001

5. FEI Number: 65-1087780 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	STAURBER, DANIEL	777 LAKEVIEW DRIVE	MIAMI BEACH FL 33140
VD	STAURBER, KAREN	777 LAKEVIEW DRIVE	MIAMI BEACH FL 33140

000008701390
10/30/02--01085--006 **150.00

8. Name and Address of Current Registered Agent

STAUBER, DANIEL
777 LAKEVIEW DRIVE
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 10/25/02

11. 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: SIGNATURE REQUIRED Stauber 10/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 25 2002

Dept of STATE
DIVISION OF CORPORATIONS
P.O Box 6327
TALLAHASSEE, FL 32314

RE: MAJ GROUP, INC
FEI 65-1087780

DEAR SIRS/MADAMS

THIS LETTER IS TO CONFIRM THAT AS PRESIDENT OF MAJ GROUP, INC, I HEREBY CONFIRM THAT I, NOR THE CORPORATION RECEIVED THE TWO (2) PRIOR UNIFORM BUSINESS REPORT (UBR) NOTICES. PLEASE ACCEPT THIS LETTER + A COMPLETED REINSTATEMENT FORM, ALONG WITH A CHECK IN THE AMOUNT OF $150.00, FOR REINSTATEMENT. THANK YOU FOR YOUR ATTENTION TOWARDS THIS MATTER.

VERY TRULY YOURS
MAJ GROUP, INC

DANIEL STAUBEN (305-868-8779)
PRESIDENT