

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1002

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 14 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/09/03--01073--003 **300.00

DOCUMENT # P01000024667

1. Corporation Name

M. J. ENTERPRISES OF SARASOTA, INC.

2. Principal Office Address

5560 BEE RIDGE Rd.

Suite, Apt. #, etc.

D-10

City & State

SARASOTA FL.

Zip

34233

Country

SARASOTA.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida

3/8/01

5. FEI Number

65-1084063

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

02-03 WBC

7. Name and Address of Current Registered Agent

Name

MIKE SAOU D

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

5560 BEE RIDGE Rd.

Suite, Apt. #, Etc.

D-10

City

SARASOTA.

State

FL

Zip Code

34233

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

Mike Saoud

REGISTERED AGENT MUST SIGN

Date

4-7-03

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.	MIKE SAOU D	7304 JESSIE HARBOR DR.	OSPREY, FL. 34229
VP.	NAUEL WEST	7304 Jessie Harbor Dr.	Osprey FL 34229

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:

Mike Saoud

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03 941-378-9627

Date

Daytime Phone #

CR2E081 (10/02)

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

4-7-03. ZeeZ

FBI 65-1084063.

M.J. ENTERPRISES OF SARASOTA.

Gentlemen:

Last year I did not receive the applications due to our relocating to a new address in June 2001. I hope that the late penalty is waived because we never received any forms. Thank you for your understanding.

Mit Sere

5560 Bee Ridge Rd. #D-10

Sarasota, FL 34233.

941-378-9627.