

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 MAY -4 AM 7:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000046550

1. Corporation Name

MJM UNLIMITED ENTERPRISES, INC.

2. Principal Office Address

319 45TH AVENUE SOUTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip  
33705

Country  
USA

3. Mailing Office Address

319 45TH AVENUE SOUTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip  
33705

Country  
USA

REINSTATEMENT

CR2E081 (12/05)

04-66

4. Date Incorporated or Qualified  
To Do Business in Florida

5-9-2001

5. FEI Number

59-3736531

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

NINETHA MORRIS

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

319 45TH AVENUE SOUTH

Suite, Apt. #, Etc.

200074535642

05/14/06--01001--026 \*\*\*450.00

City

ST. PETERSBURG

State  
FL

Zip Code  
33705

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

REGISTERED AGENT MUST SIGN

Date APRIL 11, 2006

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	NINETHA MORRIS	319 45TH AVENUE SOUTH	ST. PETERSBURG, FL 33705

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 11, 2006 727-224-8130

Date

Daytime Phone #