

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 24 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000046550

1. Corporation Name

MJM Unlimited Enterprises, Inc

2. Principal Office Address

1001 56th Ave S

3. Mailing Office Address

1001 56th Ave S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Pete FL

City & State

St. Pete FL

Zip

33705

Country

USA

Zip

33705

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/01

5. FEI Number

59-3136531

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 Ave S

Suite, Apt. #, Etc.

000021100390

06/24/03--01017--001 **300.00

City

St. Pete

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 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Date

06/19/03

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
VD	Mark Gunn	1001 56 th Ave S	St. Pete FL 33705
CoVD	Will Jones	8916 Fruitland Dr	Deltona FL 32796
PD	Ninetha Morris	319 45 th Ave S	St. Pete 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 under section 119.07(3)(b), 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

Ninetha Morris

Date

06/19/03

Daytime Phone #

727-224-830

CR2061 (10/02)

7/6/24

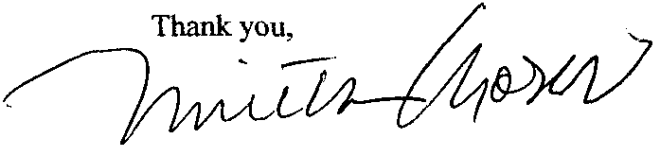
June 19, 2003

To Whom It May Concern:

The previous reports were not received. The mailing address has been changed and no reports and/or correspondence were received pertaining this matter. Please see the correct mailing address on the reinstatement form.

Please find attached the completed forms.

Thank you,

A handwritten signature in black ink, appearing to read "Mitesh Chohan". The signature is fluid and cursive, with a long horizontal stroke at the end.