

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000084285

1. Corporation Name

MJ & MAC, INC.

Principal Place of Business

1619 BAYHILL DR.
OLDSMAR FL 34677

Mailing Address

1619 BAYHILL DR.
OLDSMAR FL 34677



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

2. New Principal Office Address, If Applicable

3516 Ridge Blvd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3516 Ridge Blvd
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/2001

5. FEI Number

46-0475986

Applied For

Not Applicable

City & State

Palm Harbor

City & State

Palm Harbor

Zip

Country

FL 34684

Zip

Country

FL 34684

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P. 1725	GRANT, JOHN B	1619 BAYHILL DR.	OLDSMAR FL 34677
V. 1728	DiVincenzo, Judith	3516 Ridge Blvd	Palm Harbor FL 34684

000008626560
10/28/02--01088--004 **150.00

8. Name and Address of Current Registered Agent

RENALDO, JAMES S
146 2ND ST. NORTH, SUITE 300
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

Amy GRANT

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

1619 Bayhill DR

Suite, Apt. #, Etc.

City

Oldsmar

State

FL

Zip Code

34677

CR2EDM0 (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]
REGISTERED AGENT MUST SIGN

Date

10/21/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-

258-0093

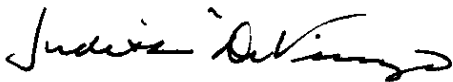
Mj & Mac
3516 Ridge BLvd
Palm Harbor, FL 34694
727-258-0093

October 22, 2002

TO: Whom It May Concern
RE: Reinstatement Fee

I have enclosed a reinstatement fee as required for MJ & Mac Inc,. Please note that our address had changed and we did not receive the Uniform Business Report Reminder to file before the deadline. It was forwarded to us and we have now made the proper changes to insure that filing will be done correctly in the future.

Sincerely,



Judith A. DiVincenzo