

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000103588

1. Corporation Name

MU - JU INC.

Principal Place of Business

2130 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

Mailing Address

2130 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

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

10/25/2001

5. FEI Number

01-0572530

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	RABEN, MURRAY	2130 HOLLYWOOD BLVD	HOLLYWOOD FL 33020
VD	RABEN, JUNE	5660 COLLINS AVE #21B	MIAMI BEACH FL 33140
STD	RABEN, RICHARD	2130 HOLLYWOOD BLVD	HOLLYWOOD FL 33020

8. Name and Address of Current Registered Agent

RABEN, MURRAY
2130 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

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

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

Date

REGISTERED AGENT MUST SIGN

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:

MURRAY RABEN
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/01 305-651-2054

CR2E040 (8/02)

JUNE RABEN
MURRAY RABEN

848064 1024

63-9178/870
613007988

010131030 0032 0715 25 05-17-02

Date 11/21

Pay to the Order of **FLA. DEPT. OF STATE**

ONE HUNDRED FIFTY and 00/100 \$ **150.00**

WORLD SAVINGS
BANK, FSB
430 Lincoln Road
Miami Beach, Florida 33139-3032

Memo

0670917801 613007988 1024 0000015000

Murray Raben

This is a copy of my canceled check. I never received your letter of May 15, 2002 asking for my federal ID #. Please waive the penalty you are asking for.

Murray Raben