

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000029123

1. Corporation Name

MJ ENTERPRISES OF N.W. FL, INC.

Principal Place of Business

5703 NORTH DAVIS HWY.
PENSACOLA FL 32503

Mailing Address

5703 NORTH DAVIS HWY.
PENSACOLA FL 32503

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/2002

5. FEI Number

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
P	PAPARELLA, MICHAEL	1723 VILLAGE PKWY.	GULF BREEZE FL 32563

000024251140
10/23/03--01041--022 **150.00

8. Name and Address of Current Registered Agent

PAPARELLA, MICHAEL
1723 VILLAGE PKWY.
GULF BREEZE FL 32563

9. Name and Address of New Registered Agent

Name

Michael Paparella

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

5132 Chandelle Drive

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32507

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 10/10/03

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
Michael J. Paparella

Date

10/10/03

Daytime Phone #

FILED

03 OCT 29 PM 12:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 03

CR2040 (7/03)

October 22, 2003

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

Dear Sir/Madam:

We received your letter stating that MJ Enterprises of NW FL, Inc. has been dissolved due to the fact that you did not receive the yearly fee due by the corporation. We did not receive the notice previously sent. The business premises has been vandalized several times and mail has gone missing as well as files stolen from the office area. Several people have been arrested for these offenses, but so far nothing of importance has been returned. Due to these unforeseen circumstances, we are asking that the fees be waived. Enclosed, please find the fees ordinarily due. Should this not be accepted, please let us know so that we may get the proper papers filed in a timely manner.

Thank you for your attention in this matter.

Sincerely,



Michael J. Paparella
President