

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -2 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000081048

1. Corporation Name

MAUI JACK'S ENTERPRISES, INC.

2. Principal Office Address
3383 Foxcroft Circle

Suite, Apt. #, etc.

City & State
Oviedo, FL

Zip
32765

Country

3. Mailing Office Address
3383 Foxcroft Circle

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32765

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

04 370-7030

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

KENNETH M. HOFER

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

3383 FOXCROFT CIRCLE

Suite, Apt. #, Etc.

City

OVIEDO

State
FL

Zip Code
32765

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

Kenneth M. Hofer

Date

11/22/04

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
PRES.	JAMES BLANTON	55 POINCIANA ROAD	LAHAINA, HAWAII 96761
V.P.	KENNETH M. HOFER	3383 FOXCROFT CIRCLE	OVIEDO, FLORIDA 32765

600043127026
12/02/04--01028--016 **900.00

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)(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:

Kenneth M. Hofer

KENNETH HOFER

11/22/04

407-756-9389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (07/04)