

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 13 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000092941

1. Corporation Name

M. J. MEDICA, INC.

Principal Place of Business

255 CAPRI CIRCLE NORTH

#29

TREASURE ISLAND FL 33706-446

Mailing Address

255 CAPRI CIRCLE NORTH

#29

TREASURE ISLAND FL 33706-446

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEL Number

Applied For

City & State

City & State

06-1647704

Not Applicable

Zip

Country

Zip

Country

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	WEINHEIMER, JACEK M	255 CAPRI CIRCLE NORTH #29	TREASURE ISLAND FL 33706
V	DRYJSKI, MACIEK	255 CAPRI CIRCLE NORTH #29	TREASURE ISLAND FL 33706

600023764366
10/13/03--01093--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEINHEIMER, JACEK M
255 CAPRI CIRCLE NORTH
#29
TREASURE ISLAND FL 33706-446

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

Jacek Weinheimer
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/9/03

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:

Jacek Weinheimer
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

Daytime Phone #

727-
251-5252

CR2E040 (7/03)

DATE 10.9.03

FROM JACEK WEINHEIMER

PRESIDENT

MJ. MEDICA FIN # 06-1647704

255 CARRI CIR. UNIT #29

TREASURY ISC. FL. 33706

TEL. 727-367-2332

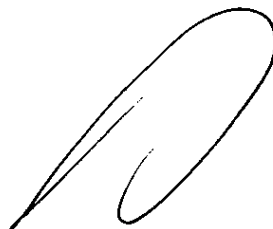
OR 727-251-5252

REF: UNIFORM BUSINESS REPORT.

PLEASE HAVE REINSTATEMENT
FEE FOR MJ. MEDICA BECAUSE
WE NEVER RECEIVE ANY LETTER
ON THIS MATTER.

ATTACHED PLEASE FIND A CHECK
FOR \$150.00 (one hundred fifty
and $\frac{00}{100}$) FOR RING CO.

BEST REGARDS

 Jacek Weinheimer