

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 # P02000092941

1. Corporation Name

M. J. MEDICA, INC.

Principal Place of Business	Mailing Address
255 CAPRI CIRCLE NORTH #29 TREASURE ISLAND FL 33706-446	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**

Suite, Apt. #, etc. _____ **Suite, Apt. #, etc.** _____

City & State **City & State**

Zip _____ Country _____ Zip _____ Country _____

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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
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CR2E040 (7/03)

B. Name and Address of Current Registered Agent

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**

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: John Doe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03 251-5252

DATE 10.9.03

FROM JACOB WEINHEIMER

PRESIDENT

MJ. MEDICA FIN # 06-1647704

255 CAPRI DR. UNIT #29

TREASURE ISL. FL. 33706

TEL. 727-367-2332

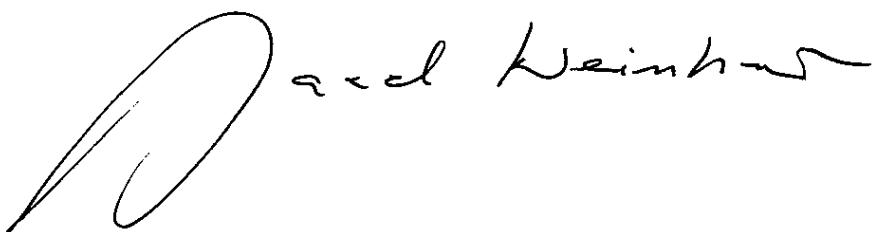
OR 727-251-5252

REF. UNIFORM BUSINESS REPORT.

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

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

BEST REGARDS

Jacob Weinheimer