

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # P02000095829**

1. Corporation Name

**MOJO DEVELOPMENT, INC.**

Principal Place of Business

5636 EMERALD POINTE CIRCLE  
PORT RICHEY FL 34668

Mailing Address

1513 S. GRADY AVENUE  
TAMPA FL 33629

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.

*1513 S. GRADY AVE*

Suite, Apt. #, etc.

*P.O. Box 1713*

City & State

*TAMPA, FL*

City & State

*PORT RICHEY, FL*

Zip

*33629 US*

Zip

*34673 US*

4. Date Incorporated or Qualified To Do Business in Florida

09/05/2002

5. FEI Number

*06-1678432*

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BATES, LARRY J II	1513 S. GRADY AVE	TAMPA FL 33629
VP	O'DONNELL, MARTIN A JR.	<del>1600 23RD AVE N</del>	<del>ST. PETERSBURG FL 33743</del>
		9910 GRACE DR STE 1	PORT RICHEY FL 34668

900027653469

01/27/04--01016--029 \*\*158.75

REINSTATEMENT 03-04 TS

8. Name and Address of Current Registered Agent

BATES, LARRY J II  
1513 S. GRADY AVE  
TAMPA FL 33629

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 *12-31-03*

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:

*LARRY JON BATES, II*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*12-31-03 813-817-2012*

Daytime Phone #

CR2E040 (7/03)

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# MOJO DEVELOPMENT, INC.

P.O. Box 1713  
Port Richey, FL 34673

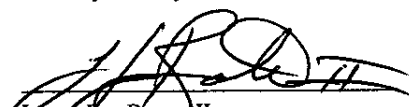
Phone (813) 817-2012  
Fax (813) 251-9578

December 31, 2003

Attention: Division of Corporations

We have received a "Notice of Administrative Dissolution or Revocation" due to not filing a UBR for the year of 2003. This "Notice" is the first notification we have received pertaining to this matter. We did not receive any UBR to fill out. I have since tried going online to fill out a UBR, but it will not allow me to do so since our status has become "inactive". I have enclosed a check to reinstate our corporation as well as the additional \$8.75 to receive a Certificate of Status.

Thank you for your assistance,



Larry Jon Bates, II  
President