PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -8 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000108445

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11/05/04--01043--011 **900.00

REINSTATEMENT 03-04

1. Corporation Name
MTJ Marketing Corp.

15354 Fiorenza Circle

2. Principal Office Address	3. Mailing Office Address
15354 FIORENZA CIR.	15354 Fiorenza Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH FL	City & State: Delray Beach Florida
Zip: 33446 Country: U.S.	Zip: 33446 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida 10/21/2002

5. FEI Number 14-1851489 ☐ 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: Mitchell J. Rosner

Street Address (P.O. Box Number is Not Acceptable): 15354 Fiorenza Circle

Suite, Apt. #, Etc.:

City: Delray Beach | State: FL | Zip Code: 33446

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 _____ Date October 28, 2004

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	Mitchell J. Rosner	15354 Fiorenza Circle	Delray Beach Florida 33446
Sect	Mitchell J Rosner	15354 Fiorenza Circle	Delray Beach Florida 33446
Tres	Mitchell J Rosner	15354 Fiorenza Circle	Delray Beach Florida 33446

11/4/15

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: _____ 11/3/04 561-638-5725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #