

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 22 AM 11:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000118282**

1. Corporation Name

MAAJOUN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1050 BOBCAT TRAIL WEST
 NORTH PORT FL 34288

1050 BOBCAT TRAIL WEST
 NORTH PORT FL 34288



REINSTATEMENT 03

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

11/05/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

82-0572089

Applied For

Not Applicable

City & State

City & State

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	George Maaoun	1050 Bobcat Trail west	North Port, Florida, 34288

200024025467
 10/22/03--01069--022 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MAJOUN, GEORGE~~
~~2504 COUNTRYSIDE PINES DRIVE~~
~~CLEARWATER FL 33761~~

Name
George Maaoun
 Street Address (P.O. Box Number is Not Acceptable)
1050 Bobcat Trail West
 Suite, Apt. #, Etc.
North
 City
North Port

State
FL Zip Code
34288

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

SIGNATURE
 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:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

727-647-3270

Daytime Phone #

CR2E040 (7/03)

Maajoun Enterprises Inc.

1050 Bobcat Trail West
North Port, FL 34288

October 10, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

I have not received the prior uniform business report notices. I am requesting a reinstatement fee waiver.

Sincerely,



George Maajoun
President