2004 FOR PROFIT CORPORATION REINSTATEMENT

	IZEIIIO I A								
DOCUI 1. Entity Nam MJM TRE			FILED: 04 NOV -3 AM 10: 09						
			4			SECRET	ARY OF	STATE	
Principal Place of Business Mailing Address						TALLAH	VIVI OL	SIAIE	•
173 RED FERN RD P.O. BOX 180477			_			· · · · · · · · · · · · · · · · · · ·	HUULL,	LLOMUP	4
HAVANA, FL 32333-4407 TALLAHASSEE, FL 32318			3						
					AANGA ANKI CANN SAAN EI		(I)		
2. Principal P	lace of Business	3. Mailing Address							
								+	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10212004	REIN-P	CR2E	098 (6/04)	
City & State		City & State			4. FEI Numbe	 er		Ар	plied For
		,		41- 2119991 Not Appli					t Applicable
Zio	Country	Zip	Country	-	-5.≃Certificate	of Status Desired		\$8.75 Add Fee Required	
	6 Name and Address of Current	Pagistared Agent			7 Name and	Address of New		•	u
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
WOODRUFF, R. KENNETH				MARSHALL E. CRUM					
801 S BRC	Street A	Street Address (P.O. Box Number is Not Acceptable)							
BROOKSVILLE, FL 34601									T.
			City					Zin Code	e .
		ROA	NA		<u> </u>	323	33		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
The obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE									
on Marco a binition usus on adiores of their aim men abbinous. More undiamental adminental and sent remember of their control of their sections of their sec									
FILE NOW!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the									
After January 1, 2005, Fee will be \$300.00 corporation did not r							not receiv	e tne prior n	nouce.
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	D	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	CRUM, MARSHALL E		NAME		40	0 0042 : :/040103	435,	784	
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 180477 TALLAHASSEE, FL 32318		STREET ADDRESS CITY-ST-ZIP		11705	704U103	1005	**150.	.00
TITLE	D	☐ Delete	TITLE	.				™ Change	☐ Addition
NAME	CRUM, MARIE H	□ Ocicie	NAME	CA	um. I	MAX H.		and one go	
STREET ADDRESS	P.O. BOX 180477		STREET ADDRESS	Rou	to1 .	BOX 350	-A		
CITY-ST-ZIP	TALLAHASSEE, FL 32318		CITY-ST-ZIP	Cut	hbeat.	GA 398	40		
TITLE	D	□ Delete	TITLE	j				M Change	Addition
NAME	DEVORE, JERALD C		NAME	,00	2 20	کرلیج ہے دیں عجود	1		
STREET ADDRESS CITY-ST-ZIP	3704 WINGED FOOT CIR GREEN COVE SPRINGS, FL 32	043	STREET ADDRESS CITY-ST-ZIP	400		rtwoath ve Spain	105 F	1 72	043
TITLE	GREEN COVE SPRINGS, LE SZ	□ Delete	TITLE	922		ve upri		☐ Change	Addition
NAME		Li Delete	NAME		•			onunge	
STREET ADDRESS	,		STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			\mathcal{M}	(11/2)		
TITLE		☐ Delete	TITLE	 		\mathcal{H}	<u> </u>	☐ Change	☐ Addition
NAME		- Delete	NAME -			1			
STREET ADDRESS	`\$.		STREET ADDRESS					•	
CITY-ST-ZIP			CITY-ST-ZIP	ł					
12. I hereby	certify that the information supplied with	this filing does not qualify for the	ne exemption sta	ted in Sec	tion 119.07(3)(i), Florida Statutes	. I further ce	rtify that the in	nformation or director
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter on a natachment with an address, with all other like empowered.									