

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -1 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000110902

1. Corporation Name

M J M B ENTERPRISES INC

REINSTATEMENT 05-06

2. Principal Office Address
2150 NW 102 PLACE

3. Mailing Office Address
2150 NW 102 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33172

Country
US

Zip
33172

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FFL Number
37-1495002

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
CARLOS DE LA OSA

Street Address (R.O. Box Number is Not Acceptable)
2150 NW 102 PLACE

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33172

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

Carlos de la Osa
REGISTERED AGENT MUST SIGN

Date **11/30/06**

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
PD	MIGUEL FRANQUIZ	2150 NW 102 PLACE	MIAMI, FL 33172

3010082209393
12/01/06--01040--000 **300.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

M.J.M.B. ENTERPRISES, INC.
2150 NW 102 PLACE
MIAMI, FL 33172

November 30, 2006

Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

This letter will serve as a request to wave charges for reinstatement pertaining to 2005 and 2006. Please note I did not receive any of your notices. They were probably mailed to the old address and did not get forward to us.

Enclosed, please find corporation reinstatement form for MJMB Enterprises and check in the amount of \$300.00.

I sincerely appreciate and thank you in advance for your prompt attention to this matter.

Regards,


Miguel Franquiz
President