

**CORRECTED COPY
PAYMENT PREVIOUSLY SUBMITTED**
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JAN 11 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000069594

1. Corporation Name

MDJ OF S FLORIDA, INC

1-15-08
JH

2. Principal Office Address - No P.O. Box #

911 LYONS ROAD

Suite, Apt. #, etc.

2103

City & State

COCONUT CREEK, FL

Zip

33063

Country

BROWARD

3. Mailing Office Address

911 LYONS ROAD

Suite, Apt. #, etc.

2103

City & State

COCONUT CREEK, FL

Zip

33063

Country

BROWARD

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/2005

5. FEI Number
20-2844508

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

MAURICE JONES

Street Address (P.O. Box Number is Not Acceptable)

911 LYONS ROAD

Suite, Apt. #, Etc.

2103

City

COCONUT CREEK

State

FL

Zip Code

33063

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 1/9/08

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	MAURICE JONES	911 LYONS ROAD, #2103	COCONUT CREEK, FL 33063
VP	WINSTON JARRETT	5407 SW 20 STREET	HOLLYWOOD, FL 33023

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 #

1/9/08