

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 NOV 17 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000110605

1. Corporation Name

MJRA CORPORATION

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

2197 RINGLING BLVD.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34237

Country

USA

3. Mailing Office Address

P.O. BOX 2927

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34230

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/07

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED
N/A

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GREGG M. HOROWITZ

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

2197 RINGLING BLVD.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34237

700266608977
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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

11-13-14

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
P	GREGG M. HOROWITZ	2197 RINGLING BLVD.	SARASOTA, FL 34237

REINSTATEMENT

NOV 17 2014

R. HUNT

10. E-mail Address: gregg.horowitz@verizon.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-13-14

Daytime Phone #