

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P09000024133**

1. Corporation Name

Mojo and Sons Incorporated

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

2715 Terra Ceia Bay Blvd

Suite, Apt. #, etc.

701

City & State

Palmetto Florida

Zip

34221

Country

Manatee

3. Mailing Office Address

2715 Terra Ceia Bay Blvd

Suite, Apt. #, etc.

701

City & State

Palmetto Florida

Zip

34221

Country

Manatee

7. Name and Address of Current Registered Agent

Name

John Brockhoff

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

2715 Terra Ceia Bay Blvd

Suite, Apt. #, Etc.

701

City

Palmetto

State

FL

Zip Code

34221

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

John Brockhoff

REGISTERED AGENT MUST SIGN

Date **12-28-2010**

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	Molly Brockhoff	2715 Terra Ceia Bay Blvd #701	Palmetto FL 34221
V	John Brockhoff	2715 Terra Ceia Bay Blvd #701	Palmetto FL 34221
T	Molly Brockhoff	2715 Terra Ceia Bay Blvd #701	Palmetto FL 34221
S	John Brockhoff	2715 Terra Ceia Bay Blvd #701	Palmetto FL 34221
D	John Brockhoff	2715 Terra Ceia Bay Blvd #701	Palmetto FL 34221

10. E-mail Address: **drinkmymonavie@hotmail.com**

(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., 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.

SIGNATURE:

John Brockhoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

11 JAN -3 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200189321762
01/04/11--01017--008 **758.75

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3-16-2009

5. FEI Number

26-4479527

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

4/14/11

12-28-2010 (941) 545-8222

Date

Daytime Phone #