PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
	A DEPARTMENT OF STATE Glenda E. Hood Secretary of State	FILED	
DOCUMENT # P93000013693		03 NOV 10 PH 1:00	
1. Corporation Name		SECRETARY OF STATE . TALLAHASSEE, FLORIDA	
MJM PROPERTIES, INC.		MEEN MOUNTER . ECHINDS	
Principal Place of Business Mailing Address			188 1111 1981
-123 SOLITH GOLEVIEW DR. LAKE WORTH FL 33460			
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable		Pare Incorporated of Qualified	
Suite, Apt. #, etc. 2 NW 24 th Str. 2 NW	5.1 5.1	OD Do Business in Florida 02/24/1993 FEI Number Apr	oplied For
City & State DE1Rv9y Bah F1. DE1R Zip Country Zip	Ay Buh Fl. 6	S8.75 Additiona	ot Applicable
210 33444 US CERTIFICATE OF STATUS DESIRED tor a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) CERTIFICATE OF STATUS DESIRED tor a Certificate of Status			
Title(s) Name of Officers and/or Directors	Street Address of Each 3 Officer and/or Director	City / State / Zip	
P WEBER MARK C	230 NE 9TH STREET	DELRAY BEACH FL 33444	
VP WEBER, SUSAN	-230 NE 9TH STREET	DELRAY BEACH FL 33444	
PDWEBER MARK C	230 NW 24th 5	tr. DETRAY BCh - F1.3	3444
VPD WEBER SUSAN	2 NW244 Str.	DEIRAY Bel, 4.33	44
		400024567354	
		11/10/0301081001 **150.0	0
8. Name and Address of Current Registered Agent 9. Name-7		lame and Address of New Registered Agent	
WEBER, SUSAN DUGT		DWB3ER	CH2E040 (7/03)
DELRAY BEACH FL.33444			
BEIRAY		Bch (State Zip Code BL 3344	(4
10. I, being appointed the registered agent of the above named corpo	pration, am familiar with and accept the obligation	ns of Section 607.0505, F.S. or 617.0505, F.S.	
Signature of Registered Agent Date Date			
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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #			

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MJM Properties, Inc. 2 NW 24th Street Delray Beach, Fl. 33444

Department of State Division of Corporations P. O. Box 6327 Tallahasse, FL 32314

November 5, 2003

The UBR was not delivered to the correct address. The address was changed on the 2002 UBR. It was valid until July 2003.

Please note the current address on the Annual Report enclosed.

Sincerely;

Mark C. Weber President

sau h

Susan Weber Vice President Registered Agent