


\$900<sup>00</sup>

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 APR 19 AM 8:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P93000054905					
1. Corporation Name MJA, INC.					
2. Principal Office Address 535 HIALEAH DR Suite, Apt. #, etc.		3. Mailing Office Address 535 HIALEAH DR Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 1995	
City & State HIALEAH FL		City & State HIALEAH FL		5. FEI Number 65-0435149 Applied For Not Applicable	
Zip 33013	Country US	Zip 33013	Country US	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name MASOOD MANZER					
Street Address (P.O. Box Number is Not Acceptable) 535 HIALEAH DR					
Suite, Apt. #, Etc.					
City HIALEAH				State FL	Zip Code 33013
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 <u>M. Manzer</u> Date <u>4-15-04</u> REGISTERED AGENT MUST SIGN					
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	MASOOD MANZER	535 HIALEAH DR		HIALEAH FL 33013	
SD	JUNAID AKBAR	535 HIALEAH DR		HIALEAH FL 33013	
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 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: <u>M. Manzer</u> Date <u>4-15-04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E081 (01/04)

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