

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN 27 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P93000071514

**1. Corporation Name**

M.J.A. GROUP, CORP.

**2. Principal Office Address**

865 Collins Ave.

Suite, Apt. #, etc.

Suite B

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

**3. Mailing Office Address**

5055 Collins Ave.

Suite, Apt. #, etc.

#12H

City & State

Miami Beach, FL

Zip

33140

Country

Miami-Dade

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/14/93

**5. FEI Number**

650460333

Applied **SP**  
Npt Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

98-00

**7. Name and Address of Current Registered Agent**

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

800003314768-9

-07/06/00--01040--080

\*\*\*\*\*8.75 \*\*\*\*\*8.75

800003314768-9

-07/06/00--01040--081

\*\*\*1050.00 \*\*\*1050.00

State  
**FL**

Zip Code  
32301

**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

*Laura R. Dunlop*

Date 06/27/2000

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
P/D/T	JOSEPH ANOUNOU	5055 Collins Ave. #12H	Miami Beach, FL 33140
V/S/D	MOSHE ANOUNOU	400 Leslie Dr. #720	Hallandale, FL 33009

**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:**

JOSEPH ANOUNOU

6/26/00

305-785-7110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)