

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

02/03 '99 11:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000003686

1. Corporation Name: ~~XXXXXXXXXXXX~~ 707

M.J. ARCHITECTURE COMPANY

Principal Place of Business Mailing Address
 1746 Meridian Ave. Apt 4
 Miami Beach, FL 33139

REINSTATEMENT 9/11/99

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		4. Date Incorporated or Date Filed To Do Business in Florida	
1746 Meridian Ave		1746 Meridian Ave		1/14/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
4		4		65-0462333	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Miami Beach FL		Miami Beach FL			
Zip Country		Zip Country			
33139 USA		33189 USA			

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City/State/Zip
P	MARCOS E. JAWORSKY	1746 Meridian Ave	Miami Beach FL 33139
			8000002769378-9 -02/09/99-01054-003 ***1200.00 ***1200.00
			8000002769378-9 -02/09/99-01054-004 *****8.75 *****8.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LEE P. RONARRA 9500 S. DEERLAND BLVD 704 Miami FL 33156 US		Name EDUARDO MOSES Street Address (P.O. Box Number is Not Acceptable) 1746 Meridian Ave Suite, Apt. #, Etc. 4 City Miami Beach State FL Zip Code 33139	
Signature of Registered Agent		Date	
<i>[Signature]</i>		2/3/99	

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for instructions on paying the tax.)

12. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. If not, I certify that, with respect to 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 all taxes 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* 2/3/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date