PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR FILED SECRETARY OF STATE DIVISION OF CORPORATIONS Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS **DOCUMENT #** P95000021370 97 OCT 27 PM 1: 45 1. Corporation Name MAJESTIC EQUIPMENT. INC. Principal Place of Business Malling Address 4061 ROYAL PALM BEACH BLVD 4061 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Malling Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 2. New Principal Office Address, If Applicable 03/15/1995 Sulte, Apt. #, etc. Sulte, Apt. #, etc. 5. FEI Number Applied For 65-0566157 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) George, John P 14466 68TH ST. N. OXAHATCHER FL 33470 0023325**8**: -10/29/97--01077-8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name GEORGE, JOHN P Street Address (P.O. Box Number is Not Acceptable) 4061 ROYAL PALM BEACH BLVD **ROYAL PALM BEACH FL 33411** Suite, Apt. #, Etc. State Zip Code poration, am familiar with and accept the obligations of Section 607.0505, F.S. I, being appointed the Signature of Registered Agent REGISTERED AGENT MUST SIGN This corporation owes or has paid the current year (See other side for Information on Intangible tax.) Yes Y No Intangible Personal Property tax due June 30. 12. 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 hald 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #

Date