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FLORIDA DIVISION OF CORPORATIONS

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FROM: FILINGS, INC. DEPARTMENT OF

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3732 NW 16TH ST STATE OF FLORIDA 409 EAST GAINES STREET

CONTACT: TERESA

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94 TALLAHASSEE, FL 32399

ROMAN FAX: (904) 922-4000

PHONE: (904) 385-6735 FAX: (904)

385-6761 (((H95000004187)))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION

OR P.A. NAME: M.J.T. ENTERPRISES, INC. FAX AUDIT NUMBER: H95000004187

CURRENT STATUS: REQUESTED DATE REQUESTED: 04/13/1995

TIME REQUESTED

09:11:04 CERTIFIED COPIES: 0

CERTIFICATE OF STATUS: 1 NUMBER OF

PAGES: 3

METHOD OF DELIVERY: MAIL ESTIMATED CHARGE: \$78.75

ACCOUNT NUMBER: 072720000101 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H95000004187))) ** ENTER 'M' FOR MENU. **

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P. 2
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SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

**ARTICLES OF INCORPORATION
OF**

M.J.T. ENTERPRISES, INC.

The undersigned, for the purpose of forming a corporation under Chapter 807 of the laws of the State of Florida, does hereby adopt the following Articles of Incorporation:

Article 1.

NAME OF CORPORATION

The name of the Corporation is **M.J.T. ENTERPRISES, INC.**

Article 2.

PURPOSES

The general purposes for which the Corporation is organized is to engage in and transact any lawful business or activities permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

Article 3.

EFFECTIVE DATE AND DURATION

The effective date of this corporation shall be deemed to be April 11, 1995 and the term of existence of the corporation is perpetual.

Article 4.

CAPITAL STOCK

The aggregate number of shares which the Corporation is authorized to issue is ONE THOUSAND (1000) shares of common stock. Each share shall be of a single class and shall have ONE DOLLAR (\$1.00) value per share.

Article 5.

PRINCIPAL PLACE OF BUSINESS

The principal place of business of the corporation shall be: 847 Tyler Street, Hollywood, Florida 33019 and the mailing address shall be 847 Tyler Street, Hollywood, Florida 33019

2. OFFICES OF STEVEN M. PARKS, P.A.
1940 HARRISON ST. SUITE 302
HOLLYWOOD, FL 33020
FL BAR #572063
(305) 923-8260

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Article 6.

REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial Registered Office of the Corporation is 847 Tyler Street, Hollywood, Florida 33019 and the name of its initial Registered Agent at that address is VINCENT J. THOMPSON.

Article 7.

INCORPORATORS

The names and post office addresses of the incorporator(s) are:

VINCENT J. THOMPSON - 847 Tyler Street
Hollywood, Florida 33019

Article 8.

DIRECTORS

The number of Directors constituting the initial Board of Directors is TWO. The number of Directors may be increased or decreased from time to time in accordance with the Bylaws but shall never be less than one. The names and mailing address of the initial Directors of the Corporation is as follows:

VINCENT J. THOMPSON - 847 Tyler Street
Hollywood, Florida 33019

SUEAN A. THOMPSON - 847 Tyler Street
Hollywood, Florida 33019

Article 9.

SPECIAL PROVISION

It is the intent of the Incorporator that the Corporation will qualify under section 1364 of the Internal Revenue Code.

Article 10.

SELF DEALING

No contract or other transaction between the corporation and any other corporation, in the absence of fraud, shall be affected or invalidated by the fact that any one or more of the directors of the corporation is or are interested in, or is a director or officer of any other corporation. Any director or

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directors of the corporation, individually or jointly, may be a party or parties to, or may be interested in, any such contract or transaction of the corporation, or in which the corporation is interested and no contract, act or transaction, in the absence of fraud, shall be affected or invalidated by the fact that any director or directors of the corporation is a party or parties to, or interested in, such contract, act or transaction in or in any way connected with such person or persons, firm or corporation and each and every person who may become a director of the corporation is hereby relieved from any liability that might otherwise exist from this contracting with the corporation for the benefit of himself or any firm, association, or corporation, in which he/she may be anyway interested. Further, any director of the corporation may vote upon any contract or agreement entered into with a subsidiary or affiliated corporation.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 11 day of April, 1995.

by 
 VINCENT J. THOMPSON
 as Sole Incorporator of
 M.J.T. ENTERPRISES, INC.

FILED
 APR 13 AM 11:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

The undersigned, having been named as Registered Agent for M.J.T. ENTERPRISES, INC., as set forth in the foregoing Articles of Incorporation, does hereby agree to act in this capacity and to accept service of process for the above stated corporation at the place designated in the Articles of Incorporation. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the duties of Registered Agent, and is familiar with and accepts all such obligations associated with this position.

DATED this 11 day of April, 1995.


 VINCENT J. THOMPSON
 Registered Agent

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 16 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000029082**

1. Corporation Name
M.J.T. ENTERPRISES, INC.

Principal Place of Business
**847 TYLER STREET
HOLLYWOOD FL 33019**

Mailing Address
**847 TYLER STREET
HOLLYWOOD FL 33019**



REINSTATEMENT *all*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida		04/11/1985
5. FEI Number	Applied For Not Applicable	
65-0580999		
6. CERTIFICATE OF STATUS DESIRED ☒		

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
D	THOMPSON, VINCENT J	847 TYLER STREET	HOLLYWOOD FL 33019
D	THOMPSON, SUGAN A	847 TYLER STREET	HOLLYWOOD FL 33019

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***383.75 ***383.75

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
THOMPSON, VINCENT J 847 TYLER STREET HOLLYWOOD FL 33019		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent *[Signature]* **REGISTERED AGENT MUST SIGN** Date **12/12/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

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 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] **VINCENT J. THOMPSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/12/96** (954) 926-076
Daytime Phone #