

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 21 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000041621

1. Corporation Name

MDPJ, Inc.

300008476829--1

-10/21/02--01052--003

****150.00 ****150.00

2. Principal Office Address

516 Dracena Way

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Zip

32561

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1995

5. FEI Number

59-3330579

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David Johnson

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

516 Dracena Way

Suite, Apt. #, Etc.

City

Gulf Breeze

State
FL

Zip Code

32561

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

REGISTERED AGENT MUST SIGN

Date

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	David Johnson	516 Dracena Way	Gulf Breeze, FL 32561

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.

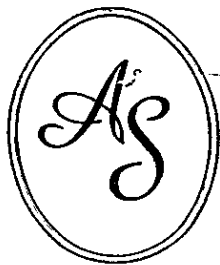
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E181 (9/01)



Ann Sears. P.A.

Attorney at Law

• October 18, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: MDPJ, Inc.

Dear Sir or Madam:

On October 4, 2002, MDPJ, Inc. (Document Number P95000041621) was dissolved. Mr. David Johnson, the sole officer and shareholder, had not mailed in the annual report due to the fact that he had not received the annual report. Florida sent the annual report to 3843 W. Madura Road, Golf Breeze, Florida and the report was not forwarded to him. Mr. Johnson has not been in this address for over year to half.

On October 17, 2002, Mr. Johnson called the Secretary of State's office concerning the dissolution of the corporation. The department told him to file a reinstatement and submit \$150 to reinstate the corporation. We have enclosed both for this purpose.

If anything else is needed, please do not hesitate to contact us.

Sincerely,

Ann Sears
Ann Sears, P.A.