PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATIO STATEME				9	Secretar	TMENT OF ST y of State onporations	ATE				AM 9			•	
DOCUMENT # P95000050882 1. Corporation Name MA I Enterprises of Ocale, Inc.								SECRETARY OF STATE TALLAHASSEE, FLORIDA								
MAJ Enterprises of Ocala, Inc. 2337 Buckingham Run Court 2337 Buckingham Run Court										DEIMOTATEPARMION						
2. Principal Office Address 2337 Buckingham Run Court					3. Mailing Office Address 2337 Buckingham Run Court				1 2 Fr D 4				. British and		7	
Suite, Apt. #, etc.					Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 06/27/1995							
City & State Orlando, Florida					City & State Orlando,	Florida				Number						
Zip 32828	ĭ	Country	-		Zip 32828		Country		6. CERTIFICATE OF STATUS DESIRED					Fee required		
					7. 1	lame and A	Address of Current	Register	ed Agent				- ,	<u>.</u>	II	
	Name Jerry Weston															
	Street Address (P.O. Box Number is Not Acceptable) 2337 Buckingham Run Court								,							
	Suite, Apt. #, Etc.															
	City Orlando									State	Zip Co 32828					
8. I, being Signature of Registered	ıf]	register	ed agent of t	W	oster Oster EGISTERED AG	· /	familiar with and acc	ept the ot	oligations of section	on 607.050 Date	05 or 617.	0503, F.S.			CR2E081 (01/04)	
9. Names	and Street Ad	dresses	of Each Off	icer an	d/or Director (FI	orida nonpre	ofit corporations mus	t list at le	ast 3 directors)						1	
Titles	Name of Officers and/or Director			irectors			Street Addres Officer and/o					/ Zip				
P/T/D	Jerry Weston					2337 E	uckingham Run Court			Orlando, Florida 32828						
V/S/D	Ewa Weston					2337 E	337 Buckingham Run Court			Orlando, Florida 32828					ł	
	Ww/25							<u>(15</u>	10/2	9 0 0 1/04	-01054	273: 4-017	369 **750	0.00	-	
this rei owed b on this	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: Date Daytime Phone #															