

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000063012**

1. Corporation Name

**MARJAB, INC.**

Principal Place of Business

12354 DOGLE DRIVE  
BOYNTON BEACH FL 33437

Mailing Address

12354 DOGLE DRIVE  
BOYNTON BEACH FL 33437

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** *9/1*

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/15/1985**

5. FEI Number

**65-0592635**

Applied For  
Not Applicable

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	WEINER, ABRAHAM WEINER, Abraham	12354 DOGLE DRIVE	BOYNTON BEACH FL 33437
			400002017034--2 -12/02/96-01028-014 ****383.75 ****383.75

8. Name and Address of Current Registered Agent

WEINER  
WEINER, ABRAHAM  
12354 DOGLE DRIVE  
BOYNTON BEACH FL 33437

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number Is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
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

*Abraham Weiner* **REQUIRED**

REGISTERED AGENT MUST SIGN

Date **Nov 21, 1996**

(See other side for information  
on intangible tax.)

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

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:

*Abraham Weiner* **ABRAHAM WEINER 11/21/96 561-988-4690**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #