

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 NOV 27 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9500006833D**

1. Corporation Name

INVESTMENTS OF M AND J, INC.

2. Principal Office Address

200 W. Miracle Strip Parkway

Suite, Apt. #, etc.

Suite 602

City & State

Fort Walton Beach, FL

Zip

32548

Country

Okaloosa

3. Mailing Office Address

200 W. Miracle Strip Parkway

Suite, Apt. #, etc.

Suite 602

City & State

Fort Walton Beach, FL

Zip

32548

Country

Okaloosa

000009240270
11/27/02--01061--002 **750.00

REINSTATEMENT 02

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/31/95

5. FEI Number

59-335984

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

L. Michael Plaster

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

200 W. Miracle Strip Parkway

Suite, Apt. #, Etc.

Suite 602

City

Fort Walton Beach

State
FL

Zip Code

32548

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

L. Michael Plaster

REGISTERED AGENT MUST SIGN

Date **11/19/02**

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 |
|--------|--------------------------------------|---|-----------------------------|
| P | L. Michael Plaster | 200 W. Miracle Strip Parkway, #602 | Fort Walton Beach, FL 32548 |
| S/T | Jo A. Plaster | 200 W. Miracle Strip Parkway, #602 | Fort Walton Beach, FL 32548 |
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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:

Jo A. Plaster

Date **11/19/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

12/4/02