

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 OCT 28 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000089033**

1. Corporation Name

MUDJEKEEWIS, INC.

Principal Place of Business

C/O KEVIN MCGOWAN, ESQUIRE
72 S.E. 6TH AVENUE
DELRAY BEACH FL 33483

Mailing Address

C/O KEVIN MCGOWAN, ESQUIRE
72 S.E. 6TH AVENUE
DELRAY BEACH FL 33483

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

2. New Principal Office Address, if Applicable

205 PILGRIM RD

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1985

City & State

West Palm Beach

City & State

Zip

33405

Country

Zip

Country

5. FEI Number

65-0621724

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	ASSANDRI, JORGE D	205 PILGRIM ROAD	WEST PALM BEACH FL 33405

400001998844--9
-11/07/96--01026--024
*****375.00 ***375.00**

8. Name and Address of Current Registered Agent

MCGOWAN, KEVIN
72 S.E. 6TH AVENUE
DELRAY BEACH FL 33483

9. Name and Address of New Registered Agent

Name

JORGE ASSANDRI

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

205 Pilgrim Road

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33405

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date **9-14-96**

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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-24-96 (56) 585-0797

Date

Daytime Phone #