

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 APR -8 PM 8:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000027239

1. Corporation Name
 MJF ENTERPRISES, INC.

400005491714--7
 -05/08/02--01043--017
 ****150.00 ****150.00

2. Principal Office Address 11380 PROSPERITY FARMS RD Suite, Apt. #, etc. 112 City & State PALM BEACH GARDENS, FL Zip 33410		Country PALM BEACH		3. Mailing Office Address 11380 PROSPERITY FARMS RD Suite, Apt. #, etc. 112 City & State PALM BEACH GARDENS, FL Zip 33410		Country PALM BEACH	
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2001-2002 UBR

4. Date Incorporated or Qualified To Do Business in Florida 03/27/1996	
5. FEI Number 65-0662448	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name MICHAEL J. FAIRCLOUGH		400005491714--7 -05/08/02--01043--016 ****300.00 ****300.00	
Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD			
Suite, Apt. #, Etc. 112			
City PALM BEACH GARDENS		State FL	Zip Code 33410

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 M.J.F. Harris Date _____
 REGISTERED AGENT MUST SIGN

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
D	MICHAEL J. FAIRCLOUGH	10274 OSPREY TRACE	WEST PALM BEACH, FL 33412

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: M.J.F. Harris Date 04/02/02 Daytime Phone # 561 691 1100

CR2E081 (9/01)