

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # *P96000032759*

1. Corporation Name

MJS Associates Corp.

Principal Place of Business

Mailing Address

3543 N.W. 61st Circle
Woodfield Country Club
Boca Raton, FL 33496

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0657664

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

FILED

99 FEB -8 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900002773369--1

-02/11/93--01078--019

***908.75 ***908.75

900002773369--1

-02/11/93--01078--020

***150.00 ***150.00

4/16/96

Applied For

Not Applicable

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
P	Susan Novogrodzki	19 Stone Fence Lane	Stamford, CT 06903
V	Mario Novogrodzki	5 Debbie Court	Manalapan, NJ 07726

REINSTATEMENT

97-99
B2/8/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Julio Novogrodzki

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

3543 N.W. 61st Circle

Suite, Apt. #, Etc.

Woodfield Country Club

City

Boca Raton

State

Zip Code

FL

33496

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]
REGISTERED AGENT MUST SIGN

Date Feb. 6, 1999

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Susan Novogrodzki

Feb 6, 1999

Date

Daytime Phone #