PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 NOV 13 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000032759

1. Corporation Name
M.J.S. ASSOCIATES CORP.

REINSTATEMENT 01-02

200008972542
11/13/02--01063--024 **900.00

2. Principal Office Address	3. Mailing Office Address
3543 N.W. 61ST CIRCLE	3543 N.W. 61ST CIRCLE
Suite, Apt. #, etc.: WOODFIELD COUNTRY CLUB	Suite, Apt. #, etc.: WOODFIELD COUNTRY CLUB
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33496 Country:	Zip: 33496 Country:

4. Date Incorporated or Qualified To Do Business In Florida: 04/15/1996

5. FEI Number: 65-0657664 ☐ 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: JULIO NOVOGRODZKI

Street Address (P.O. Box Number is Not Acceptable): 3543 N.W. 61ST CIRCLE, WOODFIELD COUNTRY CLUB

Suite, Apt. #, Etc.:

City: BOCA RATON State: FL Zip Code: 33496

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: ✓ J. Novogrodzki
REGISTERED AGENT MUST SIGN

Date: ✓ NOV. 8 2002

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	SUSAN NOVOGRODZKI	1030 LAKE AVENUE	GREENWICH, CT 06831
V.P.	MARIO NOVOGRODZKI	5 DEBBIE COURT	MANALAPAN, NJ 07726

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: ✓ J. Novogrodzki JULIO NOVOGRODZKI ✓ 11/8/02 ✓ 212-575-8698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 11/18