


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 97-2000		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000081904			
1. Corporation Name MRJ GP, Inc.			
2. Principal Office Address 3310 Pine Hill Trail Suite, Apt. #, etc.		3. Mailing Office Address 3310 Pine Hill Trail Suite, Apt. #, etc.	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip 33418	Country	Zip 33418	Country

FILED
00 FEB -2 PM 12: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-2000

4. Date Incorporated or Qualified To Do Business in Florida 9/30/96	5. FEI Number 65-0714540	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> STATE FEDERAL		

7. Name and Address of Current Registered Agent	
Name Mary R. Miller	000003128490-4
Street Address (P.O. Box Number is Not Acceptable) 3310 Pine Hill Trail	-02/08/00--01134--005 ***1200.00 ***1200.00
Suite, Apt. #, Etc.	000003128490-4 -02/08/00--01134--006
City Palm Beach Gardens	State FL 33418

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

Mary R. Miller
REGISTERED AGENT MUST SIGN

Date **1/20/00**

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
DPST	Mary R. Miller	3310 Pine Hill Trail	Palm Beach Gardens, FL 33418

1050.00 - ADM
61.85 - AR
88.75 - ARSUPP

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:

Mary R. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary R. Miller, Dir.

1/20/00

561-691-9942

Date

Daytime Phone #