

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT 27 PM 5:06

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 997000002328

1. Corporation Name
MAJESTIC VIEW REALTORS, INC.

2. Principal Office Address
1081 NW 77th Ave.

3. Mailing Office Address
1999 N. University Dr.

Suite, Apt. #, etc.
Ste. 405

City & State
Plantation, FL

City & State
Coral Springs, FL

Zip
33322 Country
US

Zip
33071 Country
US

REINSTATEMENT 98 04

This Corporation is Qualified To Do Business in Florida

4. FEI Number
650717691

Applied For
 Not Applicable

5. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
Naveen Saggi

Street Address (P.O. Box Number is Not Acceptable)
1999 N. University

Suite, Apt. #, Etc.
Ste. #405

City
Coral Springs,

State
FL

Zip Code
33071

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent
N Saggi

REGISTERED AGENT MUST SIGN

Date
10/15/04

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
VP	Shakir Dhanji	1999 N. University #405	Coral Springs 33071
P	Naveen Saggi	" " #405	Coral Spring 33071

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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)(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: **N Saggi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
10/15/04

Daytime Phone #