PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI			S	Secretary	MENT OF STATE of State preparations		FILED 08 OCT -2 AM 9: 44 OLUMETARY OF STATE	
DOCUMENT # P97000038544 1. Corporation Name								TALILAHASSEE, FLORIDA	
M.J.O. HOLDING CORP.									
w08-44357									
2. Principal Office Address - No P.O. Box # 3. Mailing Off							REINSTATEMENT. 06-08		
					.ME			CR2E081\(12/07)	
Suite, Apt. #, etc. Suite, Apt. #, etc					etc.	tc.		4. Date Incorporated or Qualified	
#303 City & State City & State					~ ~			ness in Florida 04/30/1997	
LOS ANGELES, CA					,		5. FEI Numbe 65075823		
Zip 90006	Country USA		Zip Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent									
Name						The reinstatement fee is imposed, except in circumstances which the entity did not receive			
MICHAEL WINER, ESQUIRE/WINER & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable)									
5353 NC	ORTH FE		L HIGHWAY				the prior notices. By checking this box, you are certifying the prior notices were not		
Suitie, Apt. #, Etc. / #405						received and requesting the reinstatement			
City FORT LAUDERDALE						State Zip Code State 33308			
8. I, being appointed the registered agent of the stock named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.									
Signature of Registered Agent / / / / / / / / / / / / / / / / / / /							Date 9-22-08		
REGISTERED AGENT MUST SIGN							1		
Titles Name of				d/or Director (Florida nonprofit corporations must list at le Street Address of Eac Officer and/or Directo			City / State / Zip		
	Officers and/or Directors			rs .	Onicer and/or Orecom				
Р	MICHAEL J O'NEAL				1025 S DEWEY AVENUE			LOS ANGELES, CA 90006	
							- ·		
	1					09724708-01006001 **150.00			
	10/3					10702 08-01038-003 *** 150.00 65/30/06 90036 632 # WA A			
		,	/					10000 052 700000	
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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signisture shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Design Phone #									
	¥	RGNATUR	E AND TYPED OR	PRINTED NAME OF	SIGNING OF	HIGER OR DIRECTOR		Uate Daytine Phone #	