

DOCUMENT # P97000055892

1. Entity Name

M.J.O. CORPORATION

Principal Place of Business	Mailing Address
14460 S.W. 292 STREET LEISURE CITY FL 33033	14460 S.W. 292 STREET LEISURE CITY FL 33033

4. FEI Number 65-0764243	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div style="border: 1px solid black; padding: 2px; display: inline-block;">FL</div> Zip Code

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

[illegible][illegible]

SIGNATURE: Manuel Agiero 1/29/01
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)