

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAY 14 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000015897

1. Corporation Name
MRJ ENTERPRISES OF NORTHWEST FLA, INC.
2340 ARRIVISTE WAY
PENSACOLA FL 32504

2. Principal Office Address - No P.O. Box #
4944 Hwy 90

3. Mailing Office Address
4944 Hwy 90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pace, FL

City & State
Pace, FL

Zip Country
32571 SANTA ROSA

Zip Country
32571 SANTA ROSA

4. Date Incorporated or Qualified To Do Business in Florida 02/18/1998

5. FEI Number 59-3498472 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
CELLIE C. ABENDAN

Street Address (P.O. Box Number is Not Acceptable)
2340 ARRIVISTE WAY

Suite, Apt. #, Etc.

City
PENSACOLA

State Zip Code
FL 32504

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Cellie C. Abendan

Date 05-07-2007

REGISTERED AGENT MUST SIGN

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
CEO	CELLIE C. ABENDAN	2340 ARRIVISTE WAY	PENSACOLA, FL 32504
VP	JENNIFER ABENDAN	4000 Potosi	PENSACOLA, FL 32503
P	RICHARD ABENDAN	5309 Rowe Trail	Pace FL 32571
S/T	MARIANNE WATSON	90 DILEY RD	CANAL WINCHESTER OH 43110
			800103520628 05/30/07--01021--014 **1200.00

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 signature shall have the same legal effect as if made under oath.

SIGNATURE: Cellie C. Abendan

05-07-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

g2yan