

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 12 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000008550

1. Corporation Name

Majhic Enterprises Inc.

2. Principal Office Address

1512 Valley Forge Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

1512 Valley Forge

Suite, Apt. #, etc.

City & State

Sun City Center, FL

Zip

33573

Country

USA

City & State

Sun City Center, FL

Zip

33573

Country

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1999

SP

5. FEI Number

59-3559137

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

Carole B. Miller

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

1512 Valley Forge Blvd

Suite, Apt. #, Etc.

800003744888-5

-02/21/01--01035--015

*****900.00 *****900.00

City

Sun City Center

State

FL

Zip Code

33573

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

Carole B. Miller

Date 1/20/01

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
Pres	Javed Hafeez	6103 Marbella Blvd	Opolito Beach, FL 33572
Sec/T	Carole B. Miller	1512 Valley Forge Blvd	Sun City Center, FL 33573

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:

Carole B. Miller

Carole B. Miller

01/20/01

813-727-8283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)