## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED  03 AUG 27 PM 12: 5	
DOCUMENT # P 99 0000 22359  1. Corporation Name				SECRETARY OF STAIL TALLAHASSEE, FLORIDA	
MJRB Ventures, Inc.				900022660309 08/29/0301013002 ***1058.75 <b>REINSTATEMENT</b> 0/-03	
2. Principal Office Address  12472 Lake Underhill Road 12472 Lake Unde				pad	Provide the second of the seco
				4. Date Incorporated or Qualified March 10, 1990 To Do Business in Florida	
Orlando, FL 32828		Orlando, FL		5. FEI Number Applied For S935 76060 Not Applied ble	
3282	8 USA	<sup>zip</sup> 32828	"USA	6. CERTIFICATE OF STATUS DESIRE	\$8.75 Additional Fee require for a Certificate of Status
2 7. Name and Address of Current Registered Agent					
Name MARLON P. BATTAD					
Sti	reet Address (P.O. Box Number is No	CLE			
Su	Suite, Apt. #, Etc.				
	# 206			State Zip Co	da
Cil	city Orlando				828
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 Date 8/26/03					
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.	JACOBO P. BA	TTAD 120	C-201	resi Circle Orlando	o, FL 32828
Dir. E	LIZABETH BA	TTAD C	-201 CY	press Circle Orlan	do, FL 32828
Gen. I	AN P. BAT	TAD 737	Britany L	akes land Orland	lo, FL 32828
Dir.	Marlon P. E	BATTAD 120	1 Lake Cypn # 200	ess Circle Orland	6, FL 32828
Dir- F	ERCIVAL C. E	SATTAD 120	73 Lake Cy	press Circle Orlan	do, FL 32828
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 by signature shall have the same legal effect as if made under oath.  SIGNATURE:  A.A. A.A. A.A. A.A. A.A. A.A. A.A. A.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #					