

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN -6 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000038287

1. Corporation Name

MJST Enterprises, Inc.

2. Principal Office Address

2144 SW Danforth Circle

Suite, Apt. #, etc.

City & State

Palm City, Florida

Zip

34990

Country

USA

3. Mailing Office Address

2144 SW Danforth Circle

Suite, Apt. #, etc.

City & State

Palm City, Florida

Zip

34990

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/23/99

5. FEI Number

65-0920408

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

Joseph Walicki

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

2144 SW Danforth Circle

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

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

REGISTERED AGENT MUST SIGN

Date 1/2/2003

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
P/T/D	Joseph Walicki	2144 SW Danforth Circle	Palm City, Florida 34990
V/S/D	Mary M. Walicki	2144 SW Danforth Circle	Palm City, Florida 34990

10. I certify that I am an officer or director of 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:

Joseph Walicki

1/2/03

772-288-0263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)