PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000061641

1. Corporation Name

MJ ENVIRONMENTAL SERVICES, INC.

Principal Place of Business

Mailing Address

16365 106TH TERRACE N JUPITER FL 33478 16365 106TH TERRACE N JUPITER FL 33478 REDISTATEMENT

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FILED

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SECRETARY OF STATE

if above or	ddresses are incorrect in any way, line thr	ough incorrect inf	ormation a	nd enter correction belo	ow.			(')()	02
			failing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 07/06/1999			
Suite, Apt. #, etc. Suite, Apt. #,			etc.			5. FEI Number Applied For			
City & State City & State						65-0936667 Not Applicable			
						6.	,	4 \$8.75 Additional	
Zip	Country i	Zip		Country		CERTIFICATE	OF STATUS DESIRED	for a Certificat	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director 3			City / State / Zip		
		- , ,),		16365 1064	TE	VURACE W.			
PRES	MATTHEW J. B.	LANNIN (>	Jupiter, F	<u>L 3</u>	33479	Jupiter	r, fl 3	34,18
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					8	8:75-	ARRIE	p	
						8.75	CERT		
8. Name and Address of Current Registered Age				nt 9. Name and Address of New Registered Agent					
<u> </u>				Name					
BRANNING, MATTHEW J			Street Address (P.O. Box Number is Not Acceptable)						
16365 106TH TERRACE N					4 54				
JUPITER FL 33478			Suite, Apt. #, Etc.						
				City				State Zip Code	
10. I, being	appointed the registered agent of the ab	ove named corpo	ration, am	familiar with and accep	t the o	bligations of Sect	ion 607.0505, F.S:	,	
Signature o Registered	Agent Significant	EGISTERED AGI	NIT AND S		100		Date	3/02	
		Pala I EKED WOL	-141(14103)	GIGIT					
11. I certify	that I am an officer or director or the rece	iver or trustee em	powered to	o execute this application	on as p	provided for in cha	apter 607 or 617, F.S. I	further certify that v	vhen filing

I. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

MATTHEW J. BRANNING, PRES

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