PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Fields

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PORTRATION.		FLORIDA DEPARTMENT OF STATE Katherine Harris			F	ILED	(-		
	10MENTURE	Secretary of State			OI AUG 3	0 AM 9:	47		
DOCUMENT # 799000083866				1	SECRETA TALLAHAS	RY OF STAT SEE, FLORI	ΓE DΔ		
1. Corporation Name				31	00004	5863 78-030	732 12-110		
MJC Contracting, Inc.				9/2	3000045863732 609/13/0101002018 *****158.75 *****158.75				
		·		18	000 04 3 -09/13, ****19	5863 /010100 50.00 ***	732 02019 ***150.00		
2. Principal Office Address 3. Majing C			ddockar (U62)			20100 1111	100100		
Suite Apt. # etc. Suite Apt. #		Suite, Apt. #, etc.	etc 2		0-20	MI	UBR		
					porated or Qualified				
City & State City & State City & State City & State Country Zip Zip Zip		•	a	5. FEI Numbe		9-20-	Applied For		
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3476	0 RiAnge	34760	Orange	CERTIFICATI	E OF STATUS DESIRE	D \$8.75 Add for a Co	ditional Fee required ertificate of Status		
	•	7. Name a	nd Address of Current Registe	red Agent					
٨	Name Mary J Curran								
Street Address (P.O. Box Number is Not Acceptable)									
/ N; Cross 57. Suite, Apt. #, Etc.									
					State Zip Code			-	
MICHIGAN CACALITY OF THE CONTRACT OF THE CONTR	OAKland				FL 32760				
8. I, being app	ointed the registered agent of the above	e named corporation,	am familiar with and accept the o	bligations of secti	on 607.0505 or 617.	0503, F.S.		5	
Signature of Registered Agent					Section 607.0505 ar 617.0503, F.S. 86, 86, 86, 86, 86, 86, 86, 86, 86, 86,				
THE RESIDENCE OF THE PARTY OF T	and the second of the second o	GISTERED AGENT M	the second second second					,	
9. Names and	Street Addresses of Each Officer and/	or Director (Florida no			· · ·				
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip				
D	MANY J. CUMAN		N Cross ST.		DAKlan	L, Fl.	32760		
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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.

/ 6-28-01 407 - 656-6202 Date Oaytime Phone #

SIGNATURE: SIGNATURE AND SPECIAL NAME OF SIGNING OFFICER OR DIRECTOR

T. att. A

8373

M J C CONTRACTING, INC. 1 N. Cross St. Oakland, F1. 32760 June 11, 2001

Florida Dēpt. of State Div. of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Dear Sir:

We were incorporated on Sept. 20, 1999 and in 2000, and to my knowledge, we have never received an annual report. I didn't know anything was wrong until I was having an insurance audit and the auditor discovered that my corporation was inactive.

Could you please check and see if you are mailing me the reports and if not, check the address.

Would you please accept this application and check for 2001 and I will see that this doesn't happen in the future.

Thank you for your help in this matter.

Sincerly,

Mary J. Curran

President