

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

APPROVED AND FILED

00 NOV -8 PM 1:23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000105153

1. Corporation Name

MNJ INTERNATIONAL, INC.

Principal Place of Business

7620 W. HWY. 192 KISSIMMEE FL 34747

Mailing Address

7620 W. HWY. 192 KISSIMMEE FL 34747



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

723 W. VINE ST.

4. Date Incorporated or Qualified To Do Business in Florida

12/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3605429

Applied For

Not Applicable

City & State

City & State

KISSIMMEE, FLORIDA

Zip

Country

Zip

Country

34741

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for JABER, MOHAMMED at 7620 W. HWY. 192, KISSIMMEE FL 34747. Includes handwritten 'REINSTATEMENT 2010' and a signature.

8. Name and Address of Current Registered Agent

JABER, MOHAMMED 7620 W. HWY. 192 KISSIMMEE FL 34747

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date 11-4-00

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-00

Date

Daytime Phone #

CR2E040 (8/00)