PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

S05368 DOCUMENT #

1. Corporation Name

MJR INTERIORS, INC.

Principal Place of Business Mailing Address									
US	ON FL 33432	incorrect in any way, line the	855 S FEDERAL HWY 105 BOCA RATON FL 33432 US rough incorrect information and enter correction below.			REINSTATEMENT_03			
New Principal Office Address, If Applicable			New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 10/11/1990			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State			City & State				65-0224926 Not Applicable		
Zip Country		Country	Zip		Country	6. CERTIFICATE OF STATUS DESIRED S8.75 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)									
Title(s)	le(s) Name of Officers and/or Directors			3	Street Address of Each Officer and/or Director		City / State / Zip		
PD	REEVES, MARY JANE SRIASDY, Mary Jane			817 NW 110 LANE 9229 Wentworth Le		ane.	CORAL SPRINGS FL POUT ST-LUCE, PL		
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					<u> </u>	10/13/	00237655 0301097007	**150.00	
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8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
GRIGSDY -REEVES, MARY JANE					Name	942			
855 S FEDERAL HIGHWAY #105					Street Address (P	Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL-32301-					Suite, Apt. #, Etc.	Suite, Apt. #, Etc.			
Boca laton, R 33432					City	State Zip Code			
10. 1, being	appointed the	e registered agent of the ab	ove named corp	oration, am fa	amiliar with and accept the ob	oligations of Secti	on 607.0505, F.S. or 617.05	05, F.S.	

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

FILED

03 OCT 13 PM 1:32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

11. I certify that I am an officer of 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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October 8, 2003

Division of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: EIN# 6500224926 MJR Interiors, Inc.

Dear Sir/Madam:

In today's mail, I received an application for reinstatement.

Firstly, I had not received any uniform business reports prior to today's date, or any notification to file one. Nothing was received at my office, and I haven't lived in Coral Springs since July, 2002. I respectfully request, therefore, that all reinstatement fees be waived.

I am returning this completed reinstatement, along with the requested filing fee.

Additionally, I am enclosing documents verifying my name change (due to marriage) and address change.

Please send a confirmation that this corporation has been reinstated. I may be reached at (561) 447-7301.

Sincerely,

Mary Jane Grigsby, nee Reeves



855 S. Federal Highway, Suite 105 Boca Raton, FL 33432 561-447-7301 FAX 561-447-7303 mjrinc@concentric.net