

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 581262

**1. Corporation Name**

MARKET FORCE ENTERPRISES INC.

**2. Principal Office Address**

8860 SW 10th ST.

**3. Mailing Office Address**

8860 SW 10th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL.

City & State

PEMBROKE PINES, FL.

Zip

33025

Country

BROWARD

Zip

33025

Country

BROWARD

**REINSTATEMENT**

01-04

800036524788

05/17/04--01082--021 \*\*750.00

WSP

**4. Date Incorporated or Qualified**

To Do Business in Florida 10/14/91

**5. FEI Number**

65-0289800

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ADOLPH C. JONES

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

8860 SW 10th ST.,

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State  
FL

Zip Code  
33025

**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

Date 05/11/04

REGISTERED AGENT MUST SIGN

**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	ADOLPH C. JONES	8860 SW 10th ST.	PEMBROKE PINES, FL. 33025
V/S	SHANETTE M. JONES	8860 SW 10th ST.	PEMBROKE PINES, FL., 33025

**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.**

**SIGNATURE:**

ADOLPH C. JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/11/04 (954) 431-6708

Daytime Phone #

CR2E081 (01/04)