

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V72180

1. Corporation Name

MAJESTIC SYSTEMS INC

**FILED**  
97 MAY 29 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**REINSTATEMENT** 910-97

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

2. New Principal Office Address, If Applicable

620 NW 67TH AVE

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

Zip

33317

Country

BROWARD

3. New Mailing Office Address, If Applicable

620 NW 67TH AVE

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

Zip

33317

Country

BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

10/15/92

5. FEI Number

65-0368364

Applied For

Not Applicable

6.

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D, C/D, S/D	KIMBERLY E ALLEN-BUTLER	620 NW 67TH AVE	FT LAUDERDALE FL 33317
VP/D	MARK L BUTLER	620 NW 67TH AVE	FT LAUDERDALE FL 33317

200002200352--7  
-06/03/97--01105--007  
\*\*\*\$15.00 \*\*\*\$15.00

JD 5-30-97

8. Name and Address of Current Registered Agent

KIMBERLY E. ALLEN-BUTLER

9. Name and Address of New Registered Agent

Name

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

620 NW 67TH AVE

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33317

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

Kimberly E. Allen-Butler  
REGISTERED AGENT MUST SIGN

Date

5/24/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

Kimberly E. Allen-Butler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIMBERLY E. ALLEN-BUTLER

Date

5/24/97 (954) 581-3700

Daytime Phone #