PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 22 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000118282

1. Corporation Name

MAAJOUN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1050 BOBCAT TRAIL WEST NORTH PORT FL 34288	1050 BOBCAT TRAIL WEST NORTH PORT FL 34288

REINSTATEMENT 03

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/05/2002

5. FEI Number: 82-0572089 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	George Maajoun	1050 Bobcat Trail West	North Port, Florida, 34288
		700024025467 10/22/03--01069--022 **150.00	

8. Name and Address of Current Registered Agent

~~MAJOUN, GEORGE~~
~~2504 COUNTRYSIDE PINES DRIVE~~
~~CLEARWATER FL 33761~~

9. Name and Address of New Registered Agent

Name: George Maajoun
Street Address (P.O. Box Number is Not Acceptable): 1050 Bobcat Trail West
Suite, Apt. #, Etc.: ~~North~~
City: North Port | State: FL | Zip Code: 34288

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10/9/03
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 — 10/9/03 — 727-647-3270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Maajoun Enterprises Inc.
1050 Bobcat Trail West
North Port, FL 34288

October 10, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

I have not received the prior uniform business report notices. I am requesting a reinstatement fee waiver.

Sincerely,

George Maajoun
President