2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000023438

City-St-Zip:

ACWORTH, GA 30001

Entity Name: MGL INVESTMENTS OF PENSACOLA, INC

FILED Oct 28, 2008 Secretary of State

Entity Name: MGL INVESTMENTS OF PENSACOLA, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
6985 BANNISTER RD. CUMMING, GA 30040			6985 BANNISTER RD. CUMMING, GA 30028		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	NISTER RD. , GA 30040		6985 BANNISTER RD. CUMMING, GA 30028		
FEI Number:	59-3560183	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MITCHELL, WILLIAM R 125 S. ALCANIZ ST., STE. 2 PENSACOLA, FL 32502 US					
The above in the State		submits this statement for the po	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: WILLIAM	R MITCHELL			
	Electron	ic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () WITCHER, MAI 6985 BANNISTI CUMMING, GA	ER RD.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () WORTHINGTOI 381 BOOGER I CEDARTOWN,	OLLOW RD.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	VP () WORSHAM, SU 4811 THORNHI		Title: (Name: Address:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MARY A WITCHER P 10/28/2008