

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000002063

Entity Name: MGI CONSULTANTS, INC.

FILED
Oct 28, 2009
Secretary of State

Current Principal Place of Business:

2985 W. HIGHWAY 318
CITRA, FL 32113

New Principal Place of Business:

Current Mailing Address:

2533 N. CARSON STREET
CARSON CITY, NV 89706

New Mailing Address:

2985 W. HIGHWAY 318
CITRA, FL 32113

FEI Number: 26-0519173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWSLEY, DEBRA L
2985 W. HIGHWAY 318
CITRA, FL 32113 US

Name and Address of New Registered Agent:

TALARICO, RAYMOND J
2985 W. HIGHWAY 318
CITRA, FL 32113 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RAYMOND J. TALARICO

10/28/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: TALARICO, RAYMOND
Address: 2985 W. HIGHWAY 318
City-St-Zip: CITRA, FL 32113

Title: P () Delete
Name: TALARICO, RAYMOND
Address: 2985 W. HIGHWAY 318
City-St-Zip: CITRA, FL 32113

Title: SD (X) Delete
Name: TOWSLEY, DEBRA L
Address: 2985 W. HIGHWAY 318
City-St-Zip: CITRA, FL 32113

Title: T (X) Delete
Name: MORTENSEN, LYLE J
Address: 2533 N. CARSON STREET
City-St-Zip: CARSON, NV 89706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PS (X) Change () Addition
Name: TALARICO, RAYMOND
Address: 2985 W. HIGHWAY 318
City-St-Zip: CITRA, FL 32113

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RAYMOND J. TALARICO

PS

10/28/2009

Electronic Signature of Signing Officer or Director

Date