

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G 16163**

1. Corporation Name

M.J.G. Enterprises, Inc.

2. Principal Office Address

977 Escalante Drive

Suite, Apt. #, etc.

City & State

St. George, Utah

Zip

84790

Country

U.S.A.

3. Mailing Office Address

977 Escalante Drive

Suite, Apt. #, etc.

City & State

St. George, Utah

Zip

84790

Country

U.S.A.

4. Date Incorporated or Qualified

To Do Business in Florida 12/02/1982

5. FEI Number

592240746

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**REINSTATEMENT 99-02**

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

Name

Timothy M. Ryan, Esq., Ryan & Ryan, P.A.

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

700 East Dania Beach Boulevard, Third Floor

Suite, Apt. #, Etc.

City

Dania Beach

State  
**FL**

Zip Code  
33004

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

REGISTERED AGENT MUST SIGN

Date **July 24, 2002**

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	MARIE A. GULLO	977 Escalante Drive	St. George, Utah 84790
S/T	JAMES R. GULLO	977 Escalante Drive	St. George, Utah 84790

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 24, 2002 (435) 656-2910

Date

Daytime Phone #

CR2E081 (9/01)