

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE 98 A/2 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>K45571</b>			
1. Corporation Name <b>MGM CUSTOM DESIGNS, INC.</b>			
Principal Place of Business <b>1501 N.W. 1ST COURT BOCA RATON FL 33432</b>		Mailing Address <b>1501 N.W. 1ST COURT BOCA RATON FL 33432</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida <b>11/16/1988</b>		5. FEI Number <b>65-0080759</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<del>PD</del>	<del>MOZDEAN, JOHN C.</del>	<del>1505 H SPRING HARBOR DR.</del>	<del>DELRAY BEACH FL</del>
<del>487- PVP D</del>	<del>MOZDEAN, MARILYN G.</del>	<del>1505 H SPRING HARBOR DR</del>	<del>DELRAY BEACH FL 33445</del>
	<del>MOZDEAN, MARILYN G.</del>	<del>1505-H SPRING HARBOR DR.</del>	<del>DELRAY BEACH FL 33445</del>
			400002501814--0
			-04/27/98--01133--004
			****150.00 ****150.00
			4-23-98
8. Name and Address of Current Registered Agent <b>ACCOUNTING SERVICE OF S. FLORIDA 1210 S.E. 5TH STREET DEERFIELD BEACH FL 33441</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	
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 <i>Accounting Service of So. Fla.</i> Date <b>3-19-98</b> REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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)(l), 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. <b>MARILYN G. MOZDEAN PRES.</b> <b>Marilyn G. Mozdean Pres.</b> SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date <b>4/10/98</b> Daytime Phone # <b>(561) 367-8532</b>			

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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