

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 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000018088

Name and Mailing Address

0008306 01 AT 0.292 **AUTO T1 0 0615 33309-515771



MGC INVESTMENTS, LLC
571 NW 38TH STREET
OAKLAND PARK FL 33309-5157



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 571 NW 38TH STREET OAKLAND PARK FL 33309		5. Date Organized or Qualified To Do Business in Florida 10/18/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1151139	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent COCKING, MIKE 571 NW 38TH STREET OAKLAND PARK FL 33309		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent SIGNATURE REQUIRED Date 10-24-02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	COCKING, MIKE	571 NW 38TH ST	OAKLAND PARK FL 33309

CR2E084 (7/03)

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10/27/03--01095--005 **150.00

REINSTATEMENT 03
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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager **SIGNATURE REQUIRED** Date 10-24-02 Daytime Phone # 954-630-9917

Typed or printed name of signing Managing Member/Manager