

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 28 PM 12: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10776

1. Corporation Name

MIGDAL ENTERPRISES, INC.

500135279455
09/03/08--01004--010 **2100.00

REINSTATEMENT 95-08^{KS}

2. Principal Office Address - No P.O. Box # 600 VILLAGE SQ CROSSING Suite, Apt. #, etc. SUITE: 202 City & State PALM BEACH GARDENS FL Zip 33410		Country USA		3. Mailing Office Address 600 VILLAGE SQ CROSSING Suite, Apt. #, etc. SUITE: 202 City & State PALM BEACH GARDENS FL Zip 33410		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 08/21/1989	
5. FEI Number 65-0188505	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
PETER BLATT, ESQ

Street Address (P.O. Box Number is Not Acceptable)
600 VILLAGE SQ CROSSING

Suite, Apt. #, Etc.
SUITE: 202

City PALM BEACH GARDENS	State FL	Zip Code 33410
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Peter Blatt* REGISTERED AGENT MUST SIGN Date 8/27/08

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
DP	HOWARD MIGDAL	7828 BROOKMAR CT	LAKE WORTH FL 33467

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 contained in Chapter 119, 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: *Howard Migdal* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8/27/08 Daytime Phone #