

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 1997 APR -3 PM 2:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA H97000005514	
DOCUMENT # M07393 1. Corporation Name M.G. IMPORT & EXPORT, Inc.				DO NOT WRITE IN THIS SPACE 11/05/1994 59-2460136 CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required for a Certificate of Status	
Principal Place of Business Mailing Address 3755 NW 62 Street Miami, Florida 33147					
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 Address, If Applicable Suite, Apt. #, etc. City & State Zip Country			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4	5	6
Thru(a)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PRES	NELSON E. MESA	451 SW 178 Way	PembrokePines, Fl 33029		
VP	MARIA A. MESA	451 SW 178 Way	Pembroke Pines, Fl 33029		
REINSTATEMENT 95-97 SEC 4-3-97					
8. Name and Address of Current Registered Agent NELSON E. MESA 451 SW 178 Way Pembroke Pine, Fl 33029			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		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S. Signature of Registered Agent Date <u>4/3/97</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 corporation has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/3/97</u> Daytime Phone #		

#M07393

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4/03/97

FLORIDA DIVISION OF CORPORATIONS
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((H97000005514 9))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: M.G. IMPORT & EXPORT, INC.

AUDIT NUMBER.....H97000005514

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

CERT. COPIES.....0

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