

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000055369

1. Corporation Name

M.G. Twin, Inc.

**REINSTATEMENT** 02-03

800024490258  
11/05/03--01063--006 \*\*300.00

2. Principal Office Address

15290 n.w. 7 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

15290 n.w. 7 Ave.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33169

Country

DADE

Zip

33169

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 29 2001

5. FEI Number

65-1111723

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mirta Porte

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

11093 S.W. 37 manor

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33328

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

Mirta Porte

REGISTERED AGENT MUST SIGN

Date 10-27-03

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	Torge Porte	11093 S.W. 37 manor	DAVIE, FL. 33328
S/T	Mirta Porte	11093 S.W. 37 manor	DAVIE, FL. 33328

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:

Mirta Porte - Mirta Porte  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-03

Date

(305) 685-8725

Daytime Phone #

CR2E081 (10/02)

11-03-03

Florida Department of State  
Secretary of State  
Division of Corporations

Document # P01000055369

~~M.G. Twin, Inc.~~

15290 N.W. 7 Avenue

Miami, FL 33169

I, Mirta Porte, the registered agent for M.G. Twin, Inc. am requesting a fee waiver for reinstatement. The reason why payment was not made is because the annual report form was never received because the address is incorrect. Should you have any questions or need any further information, please call me at: (305) 685-8725 Mirta or Jorge Porte.

thank you,  
Mirta Porte