

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000059845

1. Entity Name  
MGA-AJAX, INC.



FILED

06 NOV 14 PM 2: 04

Principal Place of Business  
6021 1ST AVE. NORTH  
ST. PETERSBURG, FL 33710



Gary A. Adkinson  
284 Cypress Trce  
Tarpon Spgs, FL 34688

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09252006 REIN: P LUM CRZE098 (11/05) 06

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3723238

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent



Gary A. Adkinson  
284 Cypress Trce  
Tarpon Spgs, FL 34688

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Gary A. Adkinson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

10.



TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Gary A. Adkinson  
284 Cypress Trce  
Tarpon Spgs, FL 34688

delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

300091784373  
11/14/06--01049--008 \*\*758.75

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP

☐ Delete

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CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gary A. Adkinson* Gary A. Adkinson

11-10-06

727-560-2809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #