

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -7 AM 9:17

DOCUMENT # PO1000072799

1. Corporation Name

MP Technologies Inc.

2. Principal Office Address - No P.O. Box #

15270 Bonita Blvd.

Suite, Apt. #, etc.

City & State

Perry, FL.

Zip Country

32348-7844 USA

3. Mailing Office Address 1340 S. Ocean Blvd.

c/o Dominick Magro

Suite, Apt. #, etc.

1701

City & State

Pompano Beach, Florida

Zip Country

33062 USA

REINSTATEMENT 07-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/23/01

5. FEI Number

59-5744067

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DOMINICK R MAGRO

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

1340 S OCEAN BLVD

Suite, Apt. #, Etc.

1701

City

POMPAÑO BEACH

State

FL

Zip Code

33062

☐ 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**

Dominick R Magro

REGISTERED AGENT MUST SIGN

Date 6-30-08

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
Pres.	Louis Sennello	34 Sixty Oaks Lane	Elgin, S.C., 29045

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07/10/08--01029--005 **308.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-23-08 407-310-7981

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JUNE 23, 2008

PLEASE REVIEW THE ATTACHED DOCUMENTS THAT I HAD PREVIOUSLY SENT PRIOR TO MAY 1 2008. WHEN I CALLED ON FRIDAY I WAS TOLD THAT THERE WERE LETTERS SENT TO ME THAT I DID NOT RECEIVE. I WAS TOLD TO FILL OUT A REINSTATEMENT FORM AND SEND IT IN WITH \$300.00 IF YOU NEED TO CONVERSE WITH ME MY # IS 407-321-1582