

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 10 AM 8:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000111022

1. Corporation Name

M.G.M. ENTERPRISES, INC.

2. Principal Office Address

606 SE 19TH STREET

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33990

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

10002293834
09/10/03--01078--008 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/01

5. FEI Number

01-0579960

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WALTER MUNOZ

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

606 SE 19TH STREET

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33990

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

Walter Munoz
REGISTERED AGENT MUST SIGN

Date

10/3/2003

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
PVST	WALTER MUNOZ	606 SE 19TH STREET	CAPE CORAL, FL 33990

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/3/2003

Daytime Phone #

CR-2081 (10/02)

21 9/11