2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P01000116203 1. Entity Name MFG TELECOM, INC.						FILED _ 05 001 12 PH 8:00				
Principal Place of Business Mailing Address										
,	IGATE BLVD S	TE B-2	1940 NORTHGATE BLVD STE B-2 SARASOTA, FL 34234			AA	SECKETA TALLAHA TALLAHA	HARL HEID ERFO REG	13 i i i i i i i i i i i i i i i i i i i	11 (1 (CS)
2. Principal P	lace of Busines	ss	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			100 120 15 V	STATE	Vice in	100)	205
City & State			City & State			4. FEI Numb 01-054	-		Not	lied For Applicable
Zip	Country		Zip	Cour	ıtry		of Status Desired	Fee Ro	5 Additi equired	ional
	6. Name a	nd Address of Currer	N	7. Name and	Address of New Re	gistered Agent				
FICKEY, CHRIS R 4909 29TH LANE EAST BRADENTON, FL 34203					Street Address (P.O. Box Number is Not Acceptable)					
					City Zip Code					
					1			FL.		
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 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, 2006, Fee will be \$900.00										
10.		OFFICERS AN	ID DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFIC	ERS AND DIRE	CTORS	IN 11
TITLE	DP Defeté				£			□ c	ange	Addition
NAME	MITCHELL, JOHN B				AE .	ال يحمل			-	
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NAME				NAI	ME				-	
STREET ADDRESS CITY-ST-ZIP					REET ADORESS Y-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Description 119.07(3)(i), Florida Statutes. I further certify that the information indicated on 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.										
1		SIGNATURE AND TWEED O	OR PRINTED NAME OF SIGNING	OFFICER OR DIRE	CTOR	_	Date	Dayt:me F	hone #	1