

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

04 APR 22 AM 8:00

**REINSTATEMENT**

03-04

900033563439

04/22/04--01051--016 \*\*908.75

MRS

DOCUMENT # 902000084554

1. Corporation Name

MCG Ventures Inc

2. Principal Office Address

21971 US Hwy 19 N

Suite, Apt. #, etc.

3. Mailing Office Address

21971 US Hwy 19 N

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33765

Country

Pinellas

Zip

33765

Country

Pinellas

4. Date Incorporated or Qualified  
To Do Business in Florida

8/5/02

5. FEI Number

83-0340501

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

JOE CARUSO

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

2824 Witley Ave

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34685

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

Joe Caruso

REGISTERED AGENT MUST SIGN

Date 4-20-04

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
<u>Pres</u>	<u>Perry Morlando</u>	<u>107 Highway to Bay</u>	<u>Safety Harbor, FL 33466</u>
<u>Exec VP</u>	<u>JOE CARUSO</u>	<u>2824 Witley Ave</u>	<u>Palm Harbor, FL 34685</u>
<u>Exec VP</u>	<u>Vince Gaboury</u>	<u>1622 Cottonwood Terr</u>	<u>Dunedin, FL 34698</u>

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:

Joe Caruso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

727-796-0244

Daytime Phone #

CR2081 (01/04)