

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ...

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -2 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000025384

1. Corporation Name

MGO, Inc.

2. Principal Office Address

1908 SW 2ND ST.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33991

Country

LEE

3. Mailing Office Address

1908 SW 2ND ST.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33991

Country

LEE

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/2003

5. FEI Number

510469259

☒ 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

DANILO D. DOLORFINO

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

1908 SW 2ND ST.

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33991

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

Daniilo Dolorfino

REGISTERED AGENT MUST SIGN

Date 05/30/2006

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
PTD	DANILO D. DOLORFINO	1908 SW 2ND ST.	CAPE CORAL, FL 33991
SD	DONNA F. DOLORFINO	1908 SW 2ND ST.	CAPE CORAL, FL 33991
	<i>[Signature]</i>		400076252764 06/16/06--01015--008 **458.75

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:

Daniilo Dolorfino

DANILO D. DOLORFINO

05-30-06

239-283-5584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Danilo D. Dolorfino
1908 SW 2nd Street
Cape Coral, FL 33991-1312

May 30, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

Please find herewith an application for reinstatement of my corporation, MGO, Inc. that was administratively dissolute last November 2004.

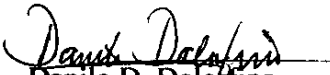
I would like to apply to waive my reinstatement fee of \$600.00 for the corporation did not receive the annual report notices in the year of dissolution/revocation. Our county was declared disaster area during that time because of hurricane Charley.

Please find a check for the total amount of \$458.75. Detail of payments as follows:

Annual Report and Supplemental Fees for 2004, 2005, and 2006	= \$450.00
Certificate of Status	= \$ 8.75
Total	= \$ 458.75

Please contact me if you have any questions or need additional information. My daytime phone number is (239) 283-5584.

Sincerely,


Danilo D. Dolorfino
President
MGO, Inc.