

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 30 PM 3:07

| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # P03000156121 | | | | | |
| 1. Entity Name MGOM, INC. | | | | | |
| Principal Place of Business 10000 SW 122 TERRACE MIAMI, FL 33176 | | | Mailing Address 10000 SW 122 TERRACE MIAMI, FL 33176 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 01262006 REIN-P CR2E098 (11/05) 83-0396503 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WELLISCH, IRA 10000 SW 122 TERRACE MIAMI, FL 33176 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$300.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WELLISCH, IRA 10000 SW 122 TERR MIAMI, FL 33136 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10000 SW 122 Terr Miami, FL 33176 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Delete] | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300065563173 02/10/06--01006--015 **300.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Delete] | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Change] [Addition] | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Delete] | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Change] [Addition] | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Delete] | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Change] [Addition] | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Delete] | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Change] [Addition] | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ | | | 1/22/06 305-254-9875 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |