


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P04000091400		
1. Entity Name MIGUN OF ORLANDO, INC.		

FILED

06 APR 20 AM 7:50

CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 518 INDUSTRIAL AVENUE, SUITE #5 BOYNTON BEACH, FL 33426	Mailing Address 518 INDUSTRIAL AVENUE, SUITE #5 BOYNTON BEACH, FL 33426
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



REINSTATEMENT 05206

6. Name and Address of Current Registered Agent BRISSON, MARK 518 INDUSTRIAL AVENUE, SUITE #5 BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRISSON, MARK 518 INDUSTRIAL AVENUE, SUITE #5 BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/26/06--01022--001 \*\*300.00

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: MARK BRISSON 4-18-06 407-869-5124  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2082

April 3, 2006

Ms. Sue M. Cobb  
Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Dear Ms. Cobb:

I have just been informed by my Accountant that my corporation, Migun of Orlando, Inc. has been administratively dissolved as of September, 2005.

I did not receive the card notification sent out by your department for the 2005 renewal. My address changed at the beginning of 2005 and I remember I had filed a forwarding notice with the United States Postal Service, but never received your card.

I am enclosing a check in the amount of \$300.00 to cover not only last year's renewal of \$150.00, but this year's renewal of \$150.00 as well. I am a small business having difficulty showing a profit and a \$600.00 fine represents a financial hardship.

My Accountant told me that a number of businesses have experienced the same problem of notification and you have abated the penalty for them.

If your department can waive the penalty and reinstate my corporation, it would be greatly appreciated by myself and my family.

Thank you in advance for honoring my request.

Sincerely, *THANK YOU IN ADVANCE*

Mark Brisson  
Migun of Orlando, Inc.  
990 N. State Road 434, Suite 1172  
Altamonte Springs, Florida 32714  
Document Number P04000091400

*Mark Brisson*