2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000162852

1. Entity Name
MG QWEST INC.

FILED
08 DEC 30 PM 3: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3708 SOUTH JOHN YOUNG PARKWAY SUITE N-1
ORLANDO, FL 32839

Mailing Address
3708 SOUTH JOHN YOUNG PARKWAY SUITE N-1
ORLANDO, FL 32839

12292008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
500 Winderly Pl.	100 Thistle Lane N
Suite, Apt. #, etc. 109	Suite, Apt. #, etc.
City & State Maitland Fl	City & State Maitland Fl
Zip 32751 Country US	Zip 32751 Country

4. FEI Number 20-2010127 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOODMAN, MARK 3708 SOUTH JOHN YOUNG PARKWAY SUITE N-1 ORLANDO, FL 32839	Name MARK GOODMAN Street Address (P.O. Box Number is Not Acceptable) 100 Thistle Lane N. City Maitland FL Zip Code 32751

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 MARK GOODMAN 12/28/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

700139401047
12/31/08--01055--003 **150.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, MARK 3708 SOUTH JOHN YOUNG PARKWAY SUITE N-1 ORLANDO, FL 32839 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GOODMAN, MARK 3708 SOUTH JOHN YOUNG PARKWAY SUITE N-1 ORLANDO, FL 32839 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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: Pres. MARK GOODMAN 12/28/08 407 702-7260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #