

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 FEB -8 AM 9:38

FLORIDA DEPARTMENT OF STATE  
ALLAHASSEE, FLORIDA

DOCUMENT # **PO6000041221**

1. Corporation Name

**MG2 Enterprises, Inc.**

**000167462400**  
02/08/10--01068--001 \*\*150.00

2. Principal Office Address - No P.O. Box #  
**5080 Gulf of Mexico Dr**

Suite, Apt. #, etc.

3. Mailing Office Address  
**5080 Gulf of Mexico Dr**

Suite, Apt. #, etc.

City & State

**Longboat Key, FL**

City & State

**Longboat Key, FL**

Zip

**34228**

Country

**USA**

Zip

**34228**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida **3-22-06**

5. FEI Number  
**20 4538520**

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

**David S Gutridge**

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

**5080 Gulf of Mexico Dr**

Suite, Apt. #, Etc.

City

**Longboat Key**

State

**FL**

Zip Code

**34228**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

**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
Pres	David S Gutridge	5080 Gulf of Mexico DR	Longboat Key, FL 34228
VP	Marcia D Gutridge	5080 Gulf of Mexico Dr	Longboat Key, FL 34228

**000167462400**  
01/28/10--01033--  
M. MILLER  
EXAMINER

**FEB -9 2010**

10. E-mail Address: **dgutridge@behmquartz.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

*David S Gutridge*

**DAVID S. GUTRIDGE**  
President

1/22/10

941-387-8975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #