

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 OCT 22 AM 11:26

DOCUMENT # P06000093300

1. Corporation Name

MG INVITATIONS CORP

300162039913  
10/22/09--01042--011 \*\*300.00

2. Principal Office Address - No P.O. Box #  
11658 NORTH KENDALL DR

3. Mailing Office Address  
11658 NORTH KENDALL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip  
33176

Country

Zip  
33176

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 07-14-2006

5. FEI Number  
98-0503709

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  
GRIBORIO NIEVES

Street Address (P.O. Box Number is Not Acceptable)  
11658 NORTH KENDALL DR

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33176

☒ 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

REGISTERED AGENT MUST SIGN

Date 10-19-2009

**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
P	MORILLO JORGE	11658 N. KENDALL DR	MIAMI FL 33176
V-P	GRIBORIO NIEVES	11658 N. KENDALL DR	MIAMI FL 33176
GMT	MORILLO ISABEL	11658 N. KENDALL DR	MIAMI FL 33176
MNG	MORILLO MARIA	11658 N. KENDALL DR	MIAMI FL 33176
SMG	MORILLO JUAN	11658 N. KENDALL DR	MIAMI FL 33176

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-2009 786-326-2075

Date

Daytime Phone #