

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P07000117538**

1. Corporation Name

**MGT RECORDS INC.**

2. Principal Office Address - No P.O. Box #

**3410 SW 40 STREET**

Suite, Apt. #, etc.

City & State

**WEST PARK, FL**

Zip

**33023**

Country

**US**

3. Mailing Office Address

**3410 SW 40 STREET**

Suite, Apt. #, etc.

City & State

**WEST PARK, FL**

Zip

**33023**

Country

**US**

7. Name and Address of Current Registered Agent

Name

**GERARD M FLOREAL**

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

**7656 NW 5 STREET**

Suite, Apt. #, Etc.

**APT#4A**

City

**PLANTATION**

State

**FL**

Zip Code

**33324**

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 **12/23/2009**

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    |
|----------------|-----------------------------------|--|-----------------------|
| CEO/PRESIDENT  | GERARD M FLOREAL                  | 7656 NW 5 STREET APT#4A                        | PLANTATION, FL, 33324 |
| VICA PRESIDENT | RALPH FLOREAL                     | 3410 SW 40 STREET                              | WEST PARK, FL, 33023  |
|                |                                   |  |                       |
|                |                                   |  |                       |
|                |                                   |  |                       |
|                |                                   |  |                       |

10. E-mail Address: mgtrecordsinc@gmail.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:

**GERARD M FLOREAL**

**12/23/2009 305-934-1162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**

**10 MAR 17 AM 10:20**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING CANCELLED  
RETURNED CHECK**

**700172441807**

**03/17/10--01039--006 \*\*450.00**

**REINSTATEMENT 08-10**

4. Date Incorporated or Qualified

To Do Business in Florida **10/25/2007**

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ 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.

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