

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**AND  
FILED**

**1996 NOV 12 AM 9 36**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P92000014069**

1. Corporation Name

**MGA INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

**250 SOUTH OCEAN BLVD.  
APT. 16AB  
BOCA RATON FL 33432**

**250 SOUTH OCEAN BLVD.  
APT. 16AB  
BOCA RATON FL 33432**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

**12/24/1992**

5. FEI Number

**65-0388486**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GUDELSKY, MARTHA	250 S. OCEAN BLVD., APT. 16AB	BOCA RATON FL 33432
VTD	GUDELSKY, MEDDA	11900 TECH ROAD	SILVER SPRING MD 20904
SD	YEDLIN, JOSEPH	11900 TECH ROAD	SILVER SPRING MD 20904

**500002010155--1  
-11/20/96-01100-004  
\*\*\*\*375.00 \*\*\*\*375.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BERGER, ALBERT  
6326 SOUTH TAMMAM TRAIL  
SARASOTA FL 34231**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **11/7/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Medda Gudelsky, Vice President**

**10/24/96 301/622-0100**

Date Daytime Phone #