

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 30 PM 1:05

DOCUMENT # **P92000014069**

1. Corporation Name

MGA Investments, Inc.

2. Principal Office Address

250 South Ocean Blvd.

Suite, Apt. #, etc.

Apt. 16AB

City & State

Boca Raton, FL

Zip

33432

Country

U.S.A.

3. Mailing Office Address

250 South Ocean Blvd.

Suite, Apt. #, etc.

Apt. 16AB

City & State

Boca Raton, FL

Zip

33432

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/92

5. FEI Number

65-0388486

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

Albert Berger

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

6826 South Tamiami Trail

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code
34231

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

8/27/01

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/D	Martha Gudelsky	250 S. Ocean Blvd., 16AB	Boca Raton, FL 33432
V/T/D	Medda Gudelsky	11900 Tech Road	Silver Spring, MD 20904
S/D	Joseph Yedlin	11900 Tech Road	Silver Spring, MD 20904

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 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:

Martha Gudelsky

Martha Gudelsky, Pres. 8-22-01

301-622-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #