

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 SEP -4 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000054969**

1. Corporation Name

W.J. MCG ASSOCIATES, INC

2. Principal Office Address

900 LINCOLN ROAD

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

U.S.A

3. Mailing Office Address

900 LINCOLN ROAD

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/24/94

5. FEI Number

65-0428317

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

50-11

7. Name and Address of Current Registered Agent

Name

MARK HAGOOD

800004575698-0

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

1500 BAY ROAD

03/07/01 01039-003

******908.75 ****908.75**

Suite, Apt. #, Etc.

APT # 1404

City

MIAMI BEACH

State
FL

Zip Code

33139

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

Mark S Hagood

REGISTERED AGENT MUST SIGN

Date **8/15/01**

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
OWNER	MARK HAGOOD	900 LINCOLN ROAD	MIAMI BCH, FL 33139

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:

Mark S Hagood

MARK S HAGOOD

Date

8-15-01

Daytime Phone #

305/534-8585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR