

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -5 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087677

1. Corporation Name

M.G. NUTRITION CORP.

Principal Place of Business

11377 SW 40 ST
MIAMI FL 33165
US

Mailing Address

11377 SW 40 ST
MIAMI FL 33165
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1993

5. FEI Number

65-0466167

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MONTIEL, WILLIAM JR	8803 SW 112 PLACE	MIAMI FL 33176
VD	GUTIERREZ, LUIS	14393 SW 45 TERR	MIAMI FL
SD	MONTIEL, WILLIAM SR	6941 SW 128 CT	MIAMI FL
TD	GALLEGOS, IVAN	2935 SW 80 AVE	MIAMI FL

9000008763509
11/01/02--01097--007 **750.00

8. Name and Address of Current Registered Agent

MONTIEL, WILLIAM JR
8803 SW 112 PLACE
MIAMI FL 33176

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-28-02

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02 28 2002 305-225-1493

CR2E040 (9/02)