

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 FEB 10 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063312

1. Corporation Name

MSG EQUITY CORP.

Principal Place of Business

**1905 Clint Moore Road
Boca Raton, FL 33496**

Mailing Address

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

4. Date Incorporated or Qualified
To Do Business in Florida

8/26/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0559673

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☒

Do not check this box unless you are a
foreign corporation or partnership.

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Robert E. Sonneborn, M.D.	1905 Clint Moore Road	Boca Raton, FL 33496
S/D	Robert M. Colton, M.D.	1905 Clint Moore Road	Boca Raton, FL 33496
			700002429177--E -02/12/98--01083--001 ***758.75 ***758.75
			REINSTATEMENT 97-98 SC 2-11-98
			700002429177--B -02/12/98--01083--002 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Joel Reinstein, Esq.

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

5355 Town Center Road

Suite, Apt. #, Etc.

Suite 801

City

Boca Raton

State

Zip Code

FL

33486

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

REGISTERED AGENT MUST SIGN

Date **2/9/98**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert E. Sonneborn, M.D.

Date

2/9/98

Daytime Phone #

561/994-5454