


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P94000078189

1. Corporation Name

M.P. GORDON, INC.

Principal Place of Business  
10104 DOVER CARRIAGE LANE, LAKE WORTH, FL 33467

10104 DOVER CARRIAGE LANE  
LAKE WORTH FL 33467

Mailing Address  
10104 DOVER CARRIAGE LANE  
LAKE WORTH FL 33467



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 10/24/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0535318	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	GORDON, MARCIA	10104 DOVER CARRIAGE LANE	LAKE WORTH FL
			700004717217--9 -12/10/01--01100--017 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GORDON, MARCIA 10104 DOVER CARRIAGE LANE LAKE WORTH FL 33467		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 \_\_\_\_\_ Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

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: X Marcia Gordon Marcia Gordon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 11-20-01-561-4344092  
Daytime Phone #

11-20-01

To whom It May Concern;

I was truly very upset when I received your Document for Registration of my corporation.

I never have received neither the first nor the second notification to send in the \$150<sup>00</sup>/<sub>xx</sub>. I am a very responsible person + would never overlook a notice from your agency. This has never happened in any of the previous years.

As for my phone call, your customer relation person said I could send the check for \$150 in now with this letter of explanation, and that you would accept it.

Hoping this letter will make things right again,

I remain  
Mencia Gordon