

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 15 AM 8:00

DOCUMENT # 895000054916

1. Corporation Name
MG AIR CONDITIONING, CORP
7776 W 2ct
Hialeah, FL 33014

2. Principal Office Address
7776 W 2ct

Suite, Apt. #, etc.

N/A

3. Mailing Office Address
7776 W 2ct

Suite, Apt. #, etc.

N/A

City & State
HIALEAH, FL 33014

City & State
HIALEAH, Florida

Zip
33014

Country
U.S.A

Zip
33014

Country
U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida 7-17-95

5. FEI Number
65-0596199

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MAURICIO Guillen

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

7776 W 2ct

Suite, Apt. #, Etc.

N/A

City
HIALEAH

State
FL

Zip Code
33014

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 9-13-04

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	MAURICIO Guillen	2262 W 74 PL	Hialeah, FL 33014
S	MARCO Guillen	25030 SW 121 PL	MIAMI, FL 33032

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/13/04

Daytime Phone #

305-345-7068