

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000071902

1. Corporation Name

MG OFFICE PRODUCTS, INC.

Principal Place of Business

Mailing Address

9207 LAZY LN.
TAMPA FL 33614

9207 LAZY LN.
TAMPA FL 33614



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

09/14/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3346026

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GRAHAM, MICHAEL	901 HOLLYSHORE DR.	LUTZ FL 33549
D	GRAHAM, LISA	901 HOLLYSHORE DR.	LUTZ FL 33549
			700008637077 10/28/02--01124--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLER, RANDELL
315 S. HYDE PARK AVE.
TAMPA FL 33606

Name

THOMAS R. SMITH

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

15910 Eagle River Way

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

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

THOMAS R. SMITH
SIGNATURE REQUIRED

Date

10/23/02

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:

LISA GRAHAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

MG OFFICE PRODUCTS, INC.

1644 LAND O' LAKES BLVD. LUTZ, FL 33549

PHONE: 813-490-5790.....FAX: 813-490-5798

OCTOBER 22, 2002

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE, FL 32314-6327

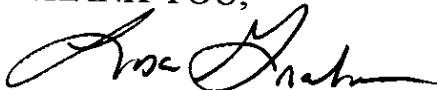
TO WHOM IT MAY CONCERN:

PLEASE ACCEPT THE ENCLOSED CHECK FOR \$150.00. DUE TO OUR COMPANY MOVING WE NEVER RECEIVED A FIRST NOTICE. I THEN SENT A CHECK WITH A LETTER TO YOU EXPLAINING THE SITUATION. HOWEVER, THE CHECK WAS REJECTED FOR SOME REASON ON AUGUST 22, 2002.

I NEVER RECEIVED A REJECTION LETTER OR MY CHECK BACK. HOWEVER, MY RECORDS DO REFLECT THE CHECK NEVER CLEARED.

THEREFORE, PLEASE EXCEPT THE ENCLOSED CHECK TO CLEAR THIS MATTER UP.

THANK YOU,



LISA GRAHAM
OWNER