
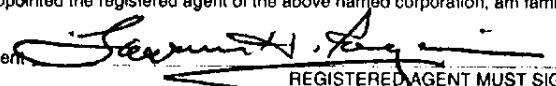



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # p95000096601 1. Corporation Name MGB ANDREWS, INC.		FILED 97 AUG 20 PM 3:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6301 NORTH ANDREWS AVE FT LAUDERDALE, FL 33329		Mailing Address 2075 NE 164TH ST #102 N MIAMI BEACH, FL 33162	
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		5. FEI Number 65-0755016 <div style="float: right;">Applied For Not Applicable</div>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
REINSTATEMENT 96 97			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	PRES / MARTIN DSHER	1912 3 OCEAN DR, #D-15	HANNAHDALE, FL 33009
	LAWRENCE H. ROQUAIN	1031 Ives Dairy Rd, #125	Miami, FL 33179
8. Name and Address of Current Registered Agent LAWRENCE H. ROQUAIN 1031 Ives Dairy Road Suite 125 N MIAMI BEACH, FL 33179		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <div style="text-align: right;">FL</div>	
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. <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent  REGISTERED AGENT MUST SIGN</div><div>Date 8/12/97</div></div>			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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:  MARTIN DSHER 8/9/97 (305) 944-3212 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E040 (12/96)