BLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



CORPORATION REINSTATEMENT		Sec	EPARTMENT OF STA Jim Smith cretary of State on OF CORPORATIONS	TE	FILED 02 DEC 13 PM 3-0:	2	
DOCUMENT # 1975000 9 7 201					SECRETARY OF STATE TALLAMASSEE, PLOROA		
M.G.A Import & Export, Inc.				C.			
2. Principal Office Address 1800 4th Weth Worth SAME							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida		
City & State LAKE WOTH FL		City & State		5. FEI Numb	0132060	Applied For	
33461 Coun	AU	Zip	Country	6. CERTIFICATI	S8.75 Addition	onal Fee required	
7. Name and Address of Current Registered Agent							
Name URIFI WORFIRA TR.							
Street Address (P.O. Box Number is Not Acceptable) 4 910119101359 11/14/112-011048-027 **150.00 Suite, Apt. #, Etc.							
City LAVE WORTH State Zip Code FL 33461							
Signature of Registered Agent REGISTERED AGENT/MUST SIGN B. 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. Date 11/07/02							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles Office	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
Resident URIEL	MOREIRA	JUNIOR 2	1500 S. OCEAN	8/Vd #517	PALM BEACH, FL 3	33480	
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				78			
						·	
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 filling 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:							

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

48%

Company Information

11/6/2002

Whom it may concern,

We herein to ask this department to waive the penalty on uniform Business Report (URB) once we did not receive any renew form from the this Division.

We attaching all our information and plus a check to pay the annual fee.

Our Company information,

Business Name

MGA Import & Export, Inc. Since 07/18/96

President: Uriel Moreira, Jr.

Drive License No: M660-840-61-223-0 expires 06/23/2005

State Business License 23-14-457926-78

Federal Tax Id 65-0732060

Address:

1800 4th North Ave.

Lake Worth, FL 33461, USA

Tel. (561) 547 4250 Fax (561) 547 4264

Our best regards

MGA Inc.