

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 # **P96000001298**

1. Corporation Name
MG FINANCIAL CORP.

Principal Place of Business
**2500 N. MILITARY TRAIL, SUITE 305
 BOCA RATON FL 33431**

Mailing Address
**2500 N. MILITARY TRAIL, SUITE 305
 BOCA RATON FL 33431**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
5200 Town Center Circle

3. New Mailing Office Address, If Applicable
5200 Town Center Circle

Suite, Apt. #, etc.
Suite 105

Suite, Apt. #, etc.
Suite 105

City & State

City & State

Zip
33486

Country

Zip
33486

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

12/28/1995

5. FEI Number **65-0639988**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	NAGLER, WARREN E	2500 N. MILITARY TRAIL, SUITE 305	BOCA RATON FL 33431
D	MAYER NAGLER, NICOLETTE D	2500 N. MILITARY TRAIL, SUITE 305	BOCA RATON FL 33431
D	MAYER, LOTHAR	5200 Town Center Circle, Suite 105	Boca Raton, FL 33486
D	MAYER, CARLYN	5200 Town Center Circle, Suite 105	Boca Raton, FL 33486

8. Name and Address of Current Registered Agent

**WOLFE, LARRY
 200-A JOHN KNOX ROAD
 TALLAHASSEE FL 32303-6643**

9. Name and Address of New Registered Agent

Name **500002385105-73**
 -12/28/97--01133--025
 Street Address (P.O. Box Number is Not Accepted) **750.00 ***750.00**
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 *Larry Wolfe*
 REGISTERED AGENT MUST SIGN

Date **Dec 22, 1997**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Wolfe

Date

12/15/97

Daytime Phone #

FILED
 97 DEC 24 AM 11:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



CP25040 (8/97)