

FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P9600028439

1. Corporation Name

MSG HOLDINGS CORP.

2. Principal Office Address  
5965 S.W. 100TH STREET

3. Mailing Office Address  
6965 S.W. 100TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

Zip Country  
33156 USA

Zip Country  
33156 USA

**REINSTATEMENT** 98-04

4. Date Incorporated or Qualified  
To Do Business in Florida 03/29/1996

5. FBI Number  Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
CFRA, LLC

Street Address (P.O. Box Number is Not Acceptable)  
777 S. Harbour Island Boulevard

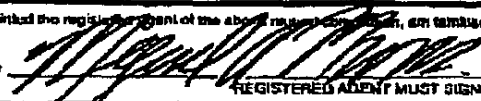
Suite, Apt. #, Etc.  
One Harbour Place, 5th Floor

City  
Tampa,

State Zip Code  
FL 33802

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

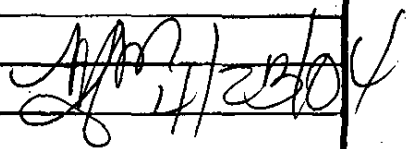


REGISTERED AGENT MUST SIGN

Date 04/22/04

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MIGUEL A. MASPONS	5965 S.W. 100TH STREET	MIAMI, FLORIDA 33156



10. I certify that I am an officer or director of 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 reasons for dissolution has been eliminated, the corporate name complies 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)(b), 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:



305-530-0050

PRINTED NAME AND OFFICE OF SIGNED OFFICER OR DIRECTOR

Date

Revised Form 7



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 22, 2004

MSG HOLDINGS CORP.  
5965 S.W. 100TH STREET  
MIAMI, FL 33156

SUBJECT: MSG HOLDINGS CORP.  
REF: P96000028439

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell  
Document Specialist

FAX Aud. #: H04000086556  
Letter Number: 704A00026807

FILE 2<sup>ND</sup>

**Florida Department of State**  
Division of Corporations  
Public Access System

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**CORPORATION REINSTATEMENT**

**MSG HOLDINGS CORP.**

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