

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035581

1. Corporation Name

MGA ENGINEERING CORP.

Principal Place of Business

~~312 AVANDA COURT, UNIT 11~~
~~CLEARWATER FL 33756~~

Mailing Address

~~312 AVANDA COURT, UNIT 11~~
~~CLEARWATER FL 33756~~

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.
21913 N US 19
City & State
Clearwater, FL
Zip
33765
Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
21913 N US 19
City & State
Clearwater, FL
Zip
33765
Country
USA

REINSTATEMENT 00

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1996

SP

5. FEI Number

59-3373919

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 |
|---------------|---|--|---|
| PSTD | MINADEO, GREGORY | 312 AVANDA COURT, UNIT 11 19727 GULF BLVD #201 | CLEARWATER FL 33756 INDIAN SHORES, FL 33785 |
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500003471895--2
11/21/98--01/24/00
****750.00 ****750.00

8. Name and Address of Current Registered Agent

GREGORY MINADEO
312 AVANDA CT., UNIT 11 19727 GULF BLVD #201
CLEARWATER FL 33756 INDIAN SHORES, FL
33785

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/23/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
GREGORY W. MINADEO
PRESIDENT

Date

Daytime Phone #

10/23/00 721-664-7255