

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 29 PM 3:58

DOCUMENT # P97000020626

1. Corporation Name

M. G. Bonding Corp.

2. Principal Office Address

3708 S. JOHN YOUNG PKWY

Suite, Apt. #, etc.

SUITE N-1

City & State

ORLANDO FLORIDA

Zip

32839

Country

USA

3. Mailing Office Address

3708 S. John Young Pkwy

Suite, Apt. #, etc.

STE N1

City & State

Orlando, FL

Zip

32839

Country

US

REINSTATEMENT 0304

10/10/03 01088 012 550-01

4. Date Incorporated or Qualified
To Do Business in Florida

5/5/98

5. FEI Number

59-3462377

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark Goodman

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

3708 S. John Young Parkway

Suite, Apt. #, Etc.

STE N1

City

Orlando

State

FL

Zip Code

32839

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 11-18-04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Mark Goodman	3708 S. John Young Pkwy STE N1	Orlando, FL 32839

300048173779
12/03/04--01045--015 **350.00

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 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

11-18-04
Date

407-423-7827
Daytime Phone #

CR2E081 (01/04)

12/1/04