

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000020986

1. Corporation Name

**Megavest, Inc.**

2. Principal Office Address - No P.O. Box #

44 Southeast 9th Street

3. Mailing Office Address

44 Southeast 9th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33441

Country

US

Zip

33441

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

03/06/1997

5. FEI Number

65-0736013

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

Ronald L. Siegel, P.A.

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

1800 NW Corporate Boulevard

Suite, Apt. #, Etc.

Suite 302

City

Boca Raton

State

FL

Zip Code

33431

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Ronald L. Siegel*

Date 4/25/2007

REGISTERED AGENT MUST SIGN

**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
PD	RHONDA L. SCHLEGEL	44 Southeast 9th Street	Deerfield Beach, FL 33441
STD	JAMES P. SCHLEGEL	44 Southeast 9th Street	Deerfield Beach, FL 33441

000103041600  
05/22/07-01053-013 \*\*1500.00

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 contained in Chapter 119, 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:

*James P. Schlegel*

James P. Schlegel, Director

4/27/2007

954-420-0025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #