

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

7

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Division of Corporations  
Harris  
Secretary of State

FILED

00 FEB 10 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000059505

1. Corporation Name

MSG CONSULTING, INC.

2. Principal Office Address

5028 City St.

Suite, Apt. #, etc.

APT. 2025

3. Mailing Office Address

P.O. Box 1869

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

LAKELAND, FL

Zip

32829

Country

ORANGE

Zip

33802

Country

POLK

4. Date Incorporated or Qualified  
To Do Business in Florida

6/30/97

5. FEI Number

65-0779660

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

MICHAEL S. GUALTIERI

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

5028 CITY ST.

Suite, Apt. #, Etc.

APT. 2025

City

ORLANDO

000003136450-8

02/15/00-01115-023

\*\*\*\*\*300.00 \*\*\*\*\*300.00

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

*Michael S. Gualtieri*  
REGISTERED AGENT MUST SIGN

Date 1/24/2000

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
P	MICHAEL S. GUALTIERI	5028 City St. #2025	ORLANDO, FL 32839
			LS

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:

*Michael S. Gualtieri*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2000  
Date

407-850-9496  
Daytime Phone #

CR2E081 (9/99)

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TO WHOM IT MAY CONCERN

I WAS UNAWARE OF CORP. BEING DISSOLVED UNTIL  
1/20/2000 WHILE IN THE PROCESS OF CLOSING BANK  
ACCOUNTS. I WAS INFORMED ON THAT DATE THE  
FORMS CONCERNING THE ANNUAL REPORT HAD  
BEEN MAILED ON THREE OCCASIONS TO THE  
307 CORONADO CT, LAKELAND, FL ADDRESS.

I WAS NOT AT THAT ADDRESS IN 1999 AND ASSUMED  
ALL ADDRESSES HAD BEEN CORRECTED FOR ALL AGENCIES  
AS I HAVE HAD NO PROBLEM RECEIVING FORMS AND  
REPORTS FROM ALL OTHER STATE AGENCIES.

MICHAEL S. GUARATIERI  
M.S.G. CONSULTING, INC.  
5028 CITY ST #2025  
ORLANDO, FL 32839