

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P98000082317

1. Corporation Name

M GO BLUE INC. II

Principal Place of Business

Mailing Address

9261 LAZY LANE
TAMPA FL 33614

9261 LAZY LANE
TAMPA FL 33614

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/21/1998

5. FEI Number

59-3499850

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	TRZCINSKI, RICHARD	9261 LAZY LANE 3609 Madaca Lane	TAMPA FL 33614 33618
D	MILLER, RICHARD	9261 LAZY LANE 3609 Madaca Lane	TAMPA FL 33614 33618

5000003491395--9
-12/08/00--01024--011
****150.00 ****150.00

11/2/5

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REIBER, SAM I
601 E TWIGGS ST, #200
TAMPA FL

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 NEO 12/10

Date

REGISTERED AGENT MUST SIGN

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

10/18/00

Date

813-933-0629

Daytime Phone #

P. 2 (2)
P98-82317

October 18, 2000

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

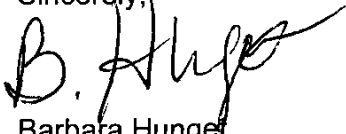
Subject: Document #P98000082317

To Whom It May Concern:

Attached is our completed application for reinstatement as well as our check for \$150.00. Our address has changed and we did not receive the original notice of annual report. Our new mailing address has been updated in block 3.

Please call me if you have any questions.

Sincerely,



Barbara Hunger
Bookkeeper