

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -5 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/12/05--01049--008 **150.00

DOCUMENT # P99000043135

1. Corporation Name
MCG Southeast, Inc.
1575 Aviation Ctr PKY
Daytona Bch, FL 32117

2. Principal Office Address
1575 Aviation Ctr
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 4163
Suite, Apt. #, etc.

City & State
Daytona Bch FL
Zip Country
32117 Volusia

City & State
Ormond Bch FL
Zip Country
32175 Volusia

4. Date Incorporated or Qualified
To Do Business in Florida 1999

5. FEI Number 38-3470165
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
M. Golden
Street Address (P.O. Box Number is Not Acceptable)
1575 Aviation Ctr PKY
Suite, Apt. #, Etc.
City
Daytona Bch

State Zip Code
FL 32117

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 6-30-05

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
President	Michael Golden	1575 Aviation Ctr PKY P.O. Box 4163	Ormond Bch, FL 32175

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

6-30-05 (386)255-8150
Date Daytime Phone #

CR2E081 (01/05)