

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JAN 18 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061482

1. Corporation Name

M.G. WOOD DESIGNS, INC.

Principal Place of Business

Mailing Address

~~768 NE 24TH STREET~~
~~MIAMI FL 33137~~

~~468 NE 24TH STREET~~
~~MIAMI FL 33137~~

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

2. New Principal Office Address, If Applicable

1300 Sterling Rd

Suite, Apt. #, etc.

8 B

City & State

Dania Fla

Zip

33004

Country

Broward

3. New Mailing Office Address, If Applicable

1300 Sterling Rd

Suite, Apt. #, etc.

8 B

City & State

Dania Fla

Zip

33004

Country

Broward

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/1999

5. FEI Number

65-0932576

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Michael Gonzales	1777 Venice Lane	North Miami 33161
Sec.	Jack Hartog	1505 NE 13th Place	Miami 33139
			200003602812--2 -01/30/01--01130--002 ***900.00 ***900.00

8. Name and Address of Current Registered Agent

HARTOG, JACK
1505 N.E. 13TH PLACE
MIAMI FL 33139

9. Name and Address of New Registered Agent

Name

NA

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

Jack Hartog

REGISTERED AGENT MUST SIGN

Date 1-16-00

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:

MICHAEL GONZALES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Gonzales

Date

Daytime Phone #

305-585-7777

CR2ED40 (8/00)