

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 JUL 11 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200124392022
04/21/08--01004--014 **2400.00

CR2E081 (12/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S31562

1. Corporation Name

M.N.G. INVESTMENTS, INC.

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

296 NE 99th Street

Suite, Apt. #, etc.

City & State

Miami Shores, FL

Zip

33138

Country

USA

3. Mailing Office Address

296 NE 99th Street

Suite, Apt. #, etc.

City & State

Miami Shores, FL

Zip

33138

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1991

5. FEI Number

650239371

☐ 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

DAVID S. WILLIG

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

2837 SW 3rd Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33129

☒ 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

David S. Willig

REGISTERED AGENT MUST SIGN

Date April 15, 2008

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
DP	Mark N. Goldberg	296 NE 99th Street	Miami Shores, FL 33138

REINSTATEMENT 1993-2008

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:

Mark N. Goldberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/15/2008

Daytime Phone #

305.587.
3300