PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -9 PM 12:21

◄ Read Instructions on Other Side Before Making Entries ►

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # 547364

MGA/Palais Corporation
c/o 4431 Davie Rd., #121
Davie, Fl. 33314

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
4/24/91	65-0266168	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
S/T/D	Gordon Williams	2851 NE 183 St.	Aventura, Fl. 33160
P/D	Mel Spanier	2851 NE 183 St.	Aventura, Fl. 33160

200003050032---4
-11/19/99--01082--013
****750.00 ****750.00

REINSTATEMENT 99

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Mel Spanier
10275 Collins Ave., #810 S
Bal Harbour, Fl. 33154

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)
2851 NE 183 St

Street Address (Do NOT Use P.O. Box Number)

City: Aventura | State: FL. | Zip: 33160

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: Mel Spanier — REGISTERED AGENT MUST SIGN — Date 11/3/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. 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. and that all fees owed by the corporation have been paid. 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 of Officer or Director: Mel Spanier — Date 10/11/99 — Daytime Phone # _____

Typed or printed name of signing officer or director _____