

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **S50107**

97 JAN 27 AM 10:46

1. Corporation Name
MG III, INC.

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business
~~601 N. NEW YORK AVENUE
 WINTER PARK FL 32789~~

Mailing Address
~~601 N. NEW YORK AVENUE
 WINTER PARK FL 32789~~



REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable
6300 NW 31st Ave.

3. New Mailing Office Address, If Applicable
6300 NW 31st Ave.

4. Date Incorporated or Qualified To Do Business in Florida
05/02/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-3070988

Applied For
 Not Applicable

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip Country
33309 USA

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33309 USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	GARCIA, MA. # Thomas J. Russo	601 N. NEW YORK AVE. 6300 NW 31st Ave.	WINTER PARK FL Ft. Lauderdale, FL 33309
V	BARKETT, RUSSELL Jerry W. Woda	601 NORTH NEW YORK AVE. 6300 NW 31st Ave.	WINTER PARK FL Ft. Lauderdale, FL 33309

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 ****923.75 ****923.75

8. Name and Address of Current Registered Agent

~~DEMPSEY, BERNARD H. JR.~~
~~DEMPSEY & ASSOCIATES, P.A.~~
~~1031 MORSE BLVD., STE. 200~~
~~WINTER PARK FL 32789~~

9. Name and Address of New Registered Agent

Name
Jerry W. Woda
 Street Address (P.O. Box Number is Not Acceptable)
6300 NW 31st Ave.
 Suite, Apt. #, Etc.
 City
Ft. Lauderdale State
FL Zip Code
33309

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

Jerry W. Woda
 REGISTERED AGENT MUST SIGN

Date

11. 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.)

12. 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: *Jerry W. Woda, Vice President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/96)