PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 FEB 25 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 562044

1. Corporation Name

MGA ENTERPRISES OF PALM BEACH COUNTY

Principal Place of Business	Mailing Address
310 DUNBAR RD	P.O. BOX 349 PLAM BEACH, FLA.33480

Palm Beach, Fl. 33480

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

REINSTATEMENT

97-99
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2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/21/91.

5. FEI Number: 65-0265208 — ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	MARTIN GURR ENTZ	P.O. BOX 349 — 310 Dunbar Rd PALM BEACH, FLA. 33480	Palm Beach, FL. 33480

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-03/02/99--01076--005
***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: MARTIN GURRENTZ
Street Address (P.O. Box Number is Not Acceptable): 310 DUNBAR RD
Suite, Apt. #, Etc: P.O. BOX 349
City: PALM BEACH, FLA. State: FL Zip Code: 33480

CR2E081 (12/98)

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: Martin Gurrentz
REGISTERED AGENT MUST SIGN

Date: 2/23/99.

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: Martin Gurrentz MART IN GURRENTZ 2/23/99 1-561-655-5115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #