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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

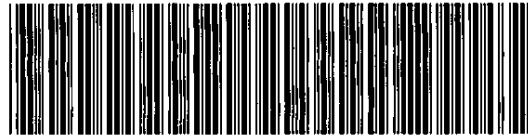
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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J. Shivers AUG 25 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MAG IAS HOLDINGS, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LOUIS ZACARESE, CPA

Name of Person

RUBENSTEIN SHENKER ZACARESE & MARKS, LLP

Firm/Company

53 NORTH PARK AVENUE - SUITE 51

Address

ROCKVILLE CENTRE, NY 11570

City/State and Zip code

LZACARESE@RSZM-CPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUIS ZACARESE

Name of Person

at (516) 536-7100

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MAG IAS HOLDINGS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK

(State or country under the law of which it is incorporated)

3. 11-3470498

(FEI number, if applicable)

4. SEPTEMBER 4, 1998

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 53 NORTH PARK AVENUE - SUITE 51, ROCKVILLE CENTRE, NY 11570

(Principal office address)

53 NORTH PARK AVENUE - SUITE 51, ROCKVILLE CENTRE, NY 11570

(Current mailing address)

8. CONSULTING

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and ~~street~~ address of Florida registered agent: (P.O. Box NOT acceptable)

Name: HILLIT MEIDAR-ALFI

Office Address: 5850 RIVIERA DRIVE

CORAL GABLES

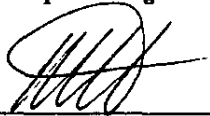
(City)

, Florida 33146

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MOSHE MEIDAR

Address: 53 NORTH PARK AVENUE - SUITE 51, ROCKVILLE CENTRE, NY 11570

Vice President: LIAD MEIDAR

Address: C/O GATEMORE CAPITAL MGT - 355 LEXINGTON AVENUE, NEW YORK, NY 10017

~~Secretary~~ VICE PRESIDENT - HILLIT MEIDAR-ALFI

Address: 5850 RIVIERA DRIVE, CORAL GABLES, FL 33146

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. LIAD MEIDAR - EXECUTIVE VICE PRESIDENT

(Typed or printed name and capacity of person signing application)

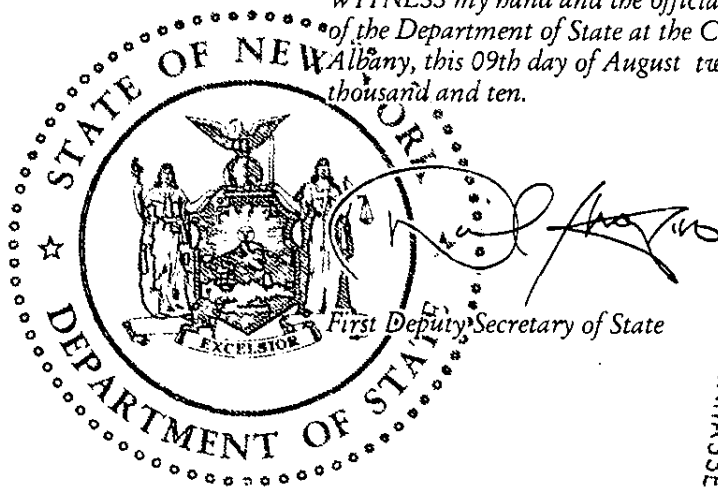
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TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MAG IAS HOLDINGS, INC. was filed on 09/04/1998, under the name of MAXCOR, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment MAXCOR, INC., changing its name to MAG IAS HOLDINGS, INC., was filed 02/15/2008.

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 09th day of August two
thousand and ten.



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TALLAHASSEE, FLORIDA
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