	PLEASE R	EAD ALL INST	RUCTIONS BEFORE C	OMPLETI	NG THIS EORM.	
REINSTATEMENT		ISION OF CORPORATIONS		04 MAY 10 AM 11: 09 SECRETARY OF STATE ALLAHASSEE FLORIDA		
4. Corpora Magista 2. Principa 10951 S 3. Suite, Apr. 4 Inone City & State Miami, I	al Office Address SW 64th Street	3. Mailing C same Suite, Apt. #, none City & State same	etc.	05/20 07-89-1	200214145 1/04-01061-018 03 01052 001 porated or Qualified ness in Florida: 11/26/2001	\$61.2503.00 **61.25 * 61-25 Applied For Not Applicable
33173	USA	same	same			dditional Fee required Certificate of Status
8. I, being	- a	rive	ration, am familiar with and accept the ol		•	
Registered		REGISTERED AG	ENT MUST SIGN		Date 4/21/2004	
			orida nonprofit corporations must list at le			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
PD	Gerardo De Avila		10951 SW 64th Street		Miami, FL 33173	
D	Emilio Lopez		7512 SW 135TH PL.		Miami, FL 33183	
D	Manuel Pereda		9621 SW 77TH ST.		Miami, FL 33173	
D	Oscar Merida		731 NE 3RD PL.		Hialeah, FL 33010	
D	Carlos Cuba		6031 SW 95TH CT.		Miami, FL 33173	
D	Lucilo Ramos, Jr.	-	5201 Blue Lagoon Drive, Suite 909		Miami, FL 33126	
10. I certify	y that I am an officer or director or	r the receiver or trustee en	npowered to execute this application as p	provided for in cha	pter 607 or 617, F.S. I further certi	ify 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.

4/21/2004

305-275-5243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Date

Daytime Phone #

Waterford Business Park 5201 Blue Lagoon Drive, Penthouse Miami, Florida 33126 Tel. (305) 718-3380 • Fax (305) 718-3381 Lripa@bellsouth.net

April 30, 2004

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:..

Subject:

Reinstatement

Name:

Magisterium, Inc.

Doc. No.

N01000008269

Dear Sir or Madam:

We have discovered that the above-referenced non-profit corporation was administratively dissolved last year. We believe the dissolution was done in error.

A telephone representative from your office advises that the dissolution was done after the Division sent a written request for the corporation's Federal Tax Id No. and did not receive a response.

Enclosed you will find a copy of the Annual Business Report filed for the year 2003. You will notice that the Tax ID number was handwritten into this form, then signed and filed with the proper fee. Therefore, we are requesting that you waive any reinstatement fee and reactivate the corporation.

Also enclosed is the corporation's 2004 Annual Business Report and the fee for 2004.

Thank you for your attention to this matter.

Sincerel yours

Lucilo Ramos, Jr.

LR/

CC: -

Gerardo De Avila, President