


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

05 NOV 22 PM 2:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

500061633025
 CR2E081 (8/05)

| | | | |
|--|---------------|---|---------------|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P04000110891 | | | |
| 1. Corporation Name MAGNIVISION ACQUISITION CORPORATION | | | |
| 2. Principal Office Address 500 George Washington Hwy | | 3. Mailing Office Address 500 George Washington Hwy | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Smithfield, RI | | City & State Smithfield, RI | |
| Zip 02917 | Country US | Zip 02917 | Country US |

| | |
|---|--------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida | 07/27/2004 |
| 5. FEI Number | 20-1457835 |
| Applied For | <input type="checkbox"/> |
| Not Applicable | <input type="checkbox"/> |
| 6. CERTIFICATE OF STATUS DESIRED | <input type="checkbox"/> |

| | |
|--|-----------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name | Corporation Service Company |
| Street Address (P.O. Box Number is Not Acceptable) | 1201 Hays Street |
| Suite, Apt. #, Etc. | |
| City | Tallahassee |
| State | FL |
| Zip Code | 32301 |

REINSTATEMENT OS

B. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0533, F.S.

Signature of Registered Agent: Cynthia L. Harris **Cynthia L. Harris as its agent** Date: 11/22/05

REGISTERED AGENT MUST SIGN

| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
|---|-----------------------------------|--|----------------------|
| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| T/S | Brian Lagarto | 500 George Washington Hwy | Smithfield, RI 02917 |
| D | Alec Taylor | 500 George Washington Hwy | Smithfield, RI 02917 |
| D | Jared Bluestein | 1114 Ave of the Americas | New York, NY 10036 |
| D | William Hallisey | 1114 Ave of the Americas | New York, NY 10036 |
| | | | |
| | | | |

10. 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: Brian J. Lagarto **BRIAN J. LAGARTO** Date: 11/21/05

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GA. Williams NOV 22 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 716803 4331939
AUTHORIZATION : Cindy Harris
COST LIMIT : \$ 750.00

ORDER DATE : November 21, 2005
ORDER TIME : 9:51 AM
ORDER NO. : 716803-005
CUSTOMER NO: 4331939

DOMESTIC FILINGS

NAME: MAGNIVISION ACQUISITION CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - Ext# 2937

EXAMINER'S INITIALS

RECEIVED
05 NOV 22 PM 1:15
DIVISION OF CORPORATION