


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN -8 AM 8:00

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		P97000032303	
1. Corporation Name			
THE MAG GROUP, INC			
2. Principal Office Address		3. Mailing Office Address	
9818 Costa del Sol Blvd.		9818 Costa del Sol Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33178	USA	33178	USA

**REINSTATEMENT** 03-04

300037759283  
06/08/04--01019--013 \*\*300.00

*MRS*

4. Date Incorporated or Qualified To Do Business in Florida		May 2, 1997
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
65-0743544		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name		
July S. Alvarez		
Street Address (P.O. Box Number is Not Acceptable)		
9818 Costa del Sol Blvd.		
Suite, Apt. #, Etc.		
City	State	Zip Code
Miami	FL	33178

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent \_\_\_\_\_ Date May 21, 2004

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
P	Alvarez, July S.	9818 Costa del Sol Blvd	Miami, FL 33178

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: July S. Alvarez Date: May 21, 2004 Daytime Phone #: 305-717-3230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)