

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2020 AUG 26 PM 12:07

DOCUMENT # P11000083758

1. Corporation Name

MAGUS HOLDING II, CORP.

2. Principal Office Address - No P.O. Box #

4100 SALZEDO ST

3. Mailing Office Address

4100 SALZEDO ST

Suite, Apt. #, etc.

APT 804

Suite, Apt. #, etc.

APT 804

City & State

CORAL GABLES

City & State

CORAL GABLES

Zip

33146

Country

MIAMI-DADE

Zip

33146

Country

MIAMI-DADE

400350374804

08/25/20--01001--012 **935.00

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 09/22/2011

5. FEI Number

37-1662241

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GUSTAVO ADOLFO PERDOMO ROSALES

Street Address (P.O. Box Number is Not Acceptable)

4100 SALZEDO ST

Suite, Apt. #, Etc.

APT 804

City

CORAL GABLES

State

FL

Zip Code

33146

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

REGISTERED AGENT MUST SIGN

Date 08/20/2020

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
D/P	GUSTAVO ADOLFO PERDOMO ROSALES	4100 SALZEDO ST	CORAL GABLES, FL 33146
DVPS	MARIA C PERDOMO ROSALES	4100 SALZEDO ST	CORAL GABLES, FL 33146

REINSTATEMENT

AUG 24 2020

R. HUNT

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Gustavo Adolfo Perdomo Rosales

08/20/2020

Date

Daytime Phone #