

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000057566**

1. Corporation Name

**MAGG INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

9056 HARDING AVE.  
SURFSIDE FL 33154

9056 HARDING AVE.  
SURFSIDE FL 33154

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**REINSTATEMENT** 03

4. Date Incorporated or Qualified To Do Business in Florida

06/05/2001

5. FEI Number

65-1110022

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TALAVERA, MARGARITA	9056 HARDING AVE.	SURFSIDE FL 33154
D	ROJAS, GABRIEL	10239 CROSSCUT WAY	DAMASCUS MD 20872
D	ROJAS, GUSTAVO	4301 FENCE PLACE	LOUISVILLE KY 40241
D	ROJAS, ANA M	4715 SW 62ND AVE., APT. 103	DAVIE FL 33314

900024186239  
10/28/03--01011--002 \*\*750.00

8. Name and Address of Current Registered Agent

RAJO, MARYBELL ESQ.  
3696 N. FEDERAL HWY., SUITE 201  
FT. LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*Marybell Rajo*  
REGISTERED AGENT MUST SIGN

Date 10-22-03

11. 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:

*Margarita Talavera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03 305-371-6611  
Date Daytime Phone #

CR2E040 (7/01)