PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -2 AM 8:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 407210

1 Corporation Name: MAGALENE Corporation

REINSTATEMENT

Principal Place of Business	Mailing Address
1250 N.W 31th St.	1250 N.W 31th St.
Miami - Fla. 33142	Miami - Fla. 33142

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

DO NOT WRITE IN THIS SPACE 87-96 ao

2 New Principal Office Address, If Applicable	3 New Mailing Address, If Applicable	4 Date Incorporated or Qualified To Do Business in Florida
2239 N.W 87th Street	2239 N.W 87th Street	
Suite, Apt. #, etc. Apt 1	Suite, Apt. #, etc. Apt 1	
City & State Miami - Fla.	City & State Miami - Florida	5 FEI Number 59-1870297 ☐ Applied For ☐ Not Applicable
Zip 33147 Country	Zip 33147 Country	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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P,T	Eirtella Cole	2239 N.W 87th Street Apt 1.	Miami - Fla. 33147
S	Callie S. Cole	6414 N.W 47th Terrace	Miami - Fla. 33142
V Pres.	Charlene W Cole	8535 N.W 32nd Ct.	Miami - Fla. 33147
			400002020464--6 -12/05/96--01012--001 *****81.25 *****81.25
			400002020464--6 -12/05/96--01012--002 ****700.00 ****700.00
			400002020464--6 -12/05/96--01012--003 ****700.00 ****700.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Eirtella Cole

Street Address (P.O. Box Number is Not Acceptable): 2239 N.W 87th St.

Suite, Apt. #, Etc.: Apt 1.

City: Miami | State: FL | Zip Code: 33147

CR2E040 (12/95)

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.

Signature of Registered Agent: x Eirtella L. Cole Date: _____

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐

(See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: x Eirtella L. Cole 11/25/96

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