

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 10 PM 1:45

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 490463

1. Corporation Name

MAGDALENA-CORPORATION

2. Principal Office Address

1996 SW 1 STREET

3. Mailing Office Address

13117 SW 26 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33135

Country

USA

Zip

33175

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/1975

5. FEI Number

591628420

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

JUAN C FERNANDEZ

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

13117 SW 26 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

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	JOSEFINA OROZCO	2590 SW 5 STREET	MIAMI, FL
D	ANGEL FERNANDEZ	2590 SW 5 STREET	MIAMI, FL

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:

Josefina Orozco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/03
Date

305-823-9292
Daytime Phone #

CR2E081 (10/02)

6163 MIAMI LAKES DRIVE EAST
MIAMI LAKES, FL 33014
Tel 305-823-9292 - Fax 305-824-0703

ASSOCIATED TAX CONSULTANTS, INC.

May 27, 2003

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

REF: ANNUAL REPORT: YEAR 2003
MAGDALENA CORPORATION
DOC # 490463

To Whom It May Concern:

AS PER OUR CONVERSATION, WE NEVER RECEIVED AN ANNUAL REPORT
DUE TO A WRONG MAILING ADDRESS. PLEASE NOTE THE NEW MAILING
ADDRESS IN ATTACHED ANNUAL REPORT "MAILING ADDRESS" ON ANNUAL
REPORT FORM AS PER YOUR INSTRUCTIONS.

WE ARE REPECTFULLY REQUESTING THAT THE DIVISION OF
CORPORATIONS ACCEPT THE \$ 150.00 IN PAYMENT OF THE ANNUAL
REPORT AND \$ 8.75 FOR CERTIFICATE OF STATUS AS REQUESTED.
THANKING YOU IN ADVANCE FOR YOUR UTMOST CONSIDERATION.

Sincerely,



Edward Garcia, BBA, EA
PRESIDENT