

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **F01000003260**

1. Corporation Name

**MAGNA GLOBAL USA, INC.**

Principal Place of Business

1271 AVENUE OF THE AMERICAS, 44TH FLOOR  
NEW YORK NY 10020

Mailing Address

1271 AVENUE OF THE AMERICAS, 44TH FLOOR  
NEW YORK NY 10020

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/19/2001**

5. FEI Number

**13-4176571**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CAMERA, NICHOLAS J	1271 AVENUE OF THE AMERICAS, 44T	NEW YORK NY 10020
V	CONTE, ALBERT	136 MADISON AVENUE	NEW YORK NY 10016
V	MASON, ARTHUR	136 MADISON AVENUE	NEW YORK NY 10016
VT	BERNS, STEVEN	136 MADISON AVENUE	NEW YORK NY 10016
S	HOEY, MARJORIE	1271 AVENUE OF THE AMERICAS, 44T	NEW YORK NY 10020
AS	HUTCHINSON, MEGAN	1271 AVENUE OF THE AMERICAS, 44T	NEW YORK NY 10020

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*John H. Pelletier*  
REGISTERED AGENT MUST SIGN

**JOHN H. PELLETIER**  
**ASST. VICE PRESIDENT**

Date

**10/28/03**

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:

*Nicholas J. Camera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**100024256831**  
**10/23/03 212-399-8041**

Daytime Phone #



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 298376 4349124

AUTHORIZATION :

*Patricia Pignato*

COST LIMIT : \$ 758.75

ORDER DATE : October 28, 2003

ORDER TIME : 11:08 AM

ORDER NO. : 298376-005

CUSTOMER NO: 4349124

CUSTOMER: Ms. Leslie K. Heichman  
The Interpublic Group Of  
44th Floor  
1271 Avenue Of The Americas  
New York, NY 10020

REINSTATEMENT

NAME: MAGNA GLOBAL USA, INC.

RECEIVED  
03 OCT 29 PM 12:45  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS \_\_\_\_\_