

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -8 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000000394**

1. Corporation Name

Magi International, Inc.

2. Principal Office Address

2121 Sage Road

Suite, Apt. #, etc.

Suite 215

City & State

Houston, TX

Zip

77056

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/23/96

5. FEI Number

76-0304199

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

Robert M. Davey

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

2581 Jupiter Park Drive

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33458

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

Robert M. Davey
REGISTERED AGENT MUST SIGN

Date 10/01/04

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
Pres.	Mecom, John W. Jr.	2121 Sage Road, Suite 215	Houston, Tx 77056
VPres Sec	Davey, Robert M.	2121 Sage Road, Suite 215	Houston, TX 77056
VPres	Mecom, John W. III	2121 Sage Road, Suite 215	Houston, TX 77056
VPres	Thompson, Thomas C.	2121 Sage Road, Suite 215	Houston, TX 77056

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:

Robert M. Davey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/04

Date

713.993.0225

Daytime Phone #

CR2E081 (01/04)