


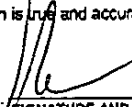
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 OCT 13 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA000136984440
10/16/08--01044--006 **600.00

CR2E081 (10/08)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # #82977 1. Corporation Name Macy O. Magazine, P.A.			
2. Principal Office Address - No P.O. Box # 9190 S.W. 72 St Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33173	Country Miami-Dade	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 59-2598000	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/>	
7. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc.		<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
City Tallahassee		State FL	Zip Code 32301
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 _____ Date _____ REGISTERED AGENT MUST SIGN			
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
P	Mary O. Magazine	9190 S.W. 72 St	Miami, FL 33173
S	Mary O. Magazine	9190 S.W. 72 St	Miami, FL 33173
T	Mary O. Magazine	9190 S.W. 72 St	Miami, FL 33173
REINSTATEMENT			
05-08			
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 contained in Chapter 119, 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:  MARY O. MAGAZINE President 10/10/08 305 205-0325 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			