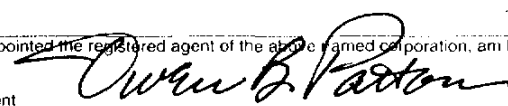
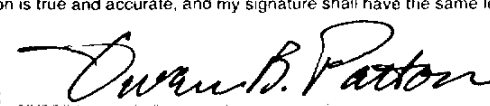


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR 1996-1999 AR		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K08828			
1. Corporation Name X Magpat Building No. 1, Inc. 3212 N.W. 60th Street Boca Raton, FL 33496			
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 3212 N. W. 60th St. Suite, Apt. #, etc City & State Boca Raton, FL Zip Country 33496 USA	
		4. Date Incorporated or Qualified To Do Business in Florida Dec. 24, 1987 5. FEI Number 65-0018838 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Anthony R. Maggiore	473 Shultz Drive	Hamilton, OH 45013-5106
V. Pres.	Owen B. Patton	3212 N.W. 60th Street	Boca Raton, FL 33496
8. Name and Address of Current Registered Agent Owen B. Patton 3212 N.W. 60th Street Boca Raton, FL 33496		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State Zip Code FL	
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  Date 2/03/99 REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax)			
12. 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Owen B. Patton, Treasurer V. PRES.		2-03-99 561/998-8010 Date Daytime Phone #	

CR2E081 (12/98)

(2)

MAGPAT BUILDING NO. 1, INC.

February 3, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Lapsed Corp.

Gentlemen:

In telephone conversation with one of your agents this morning, I explained that, because our offices moved in 1996, the Corporate Annual Report did not reach us and was consequently not filed and the fee not paid. It was only this year that I noticed that no corporate report was received. I asked your agent if there might not be a mitigation of the penalty given that the report was not received and he asked me to write this letter of explanation.

He also advised me to remit with company check in the amount of \$665.00 and told me that a one-time waiver might be approved.

Please find our check enclosed and thank you for your consideration.

Sincerely,



Owen B. Patton
Vice President