

1996 AIR PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K90121

1. Corporation Name
Ray & George Mags, Inc.

Principal Place of Business Mailing Address
4634 Leaside Isle
Hudson Fla. 34667

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

2. New Principal Office Address, If Applicable 4634 Leaside Isle Suite, Apt. #, etc.	3. New Mailing Address, If Applicable 4634 Leaside Isle Suite, Apt. #, etc.
City & State Hudson Fla.	City & State Hudson Fla.
Zip 34667 Country Pasco	Zip 34667 Country Pasco

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida 06/89

5. FEI Number 59-2953397 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

96 MAR 19 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Raymond W. Hassett	328 Crosswinds Dr	Palm Harbor Fla 34683
			600001750016 -03/19/96-01145-007 ****208.75 ****208.75
			3/19

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Raymond W. Hassett 328 Crosswinds Dr Palm Harbor Fla 34683		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 *Raymond W. Hassett* Date _____
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Raymond W. Hassett* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Raymond Hassett 3/10/96 Date Daytime Phone #

CR2E040 (1/2/95)