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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000019523

1. Limited Liability Company's Name

MAGAFER, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2450 NE MIAMI GARDENS DR.		2450 NE MIAMI GARDENS DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
2ND FLOOR.		2ND FLOOR.	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33180	US	33180	US

4. State/Country of Formation: FLORIDA/US

5. Date Organized or Qualified To Do Business in Florida: 08/01/2002

6. FEI Number: 200875835 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: LOUIS A. SUPRASKI, P.A.

Street Address (P.O. Box Number Is Not Acceptable): 2450 NE MIAMI GARDENS DR.

Suite, Apt. #, Etc.: 2ND FLOOR

City	State	Zip Code
MIAMI	FL	33180

E-mail Address:

900239166968
08/31/12--01018--016 ** 071.25

SUPRASKI@SUPRASKILAW.COM
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 08/30/12

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LEAL, JORGE H.	2450 NE MIAMI GARDENS DR. 2ND FLOOR	MIAMI/FL/33180
MGRM	LEAL, LILIA G.	2450 NE MIAMI GARDENS DR. 2ND FLOOR	MIAMI/FL/33180
MGRM	LEAL, FERNANDO J.	2450 NE MIAMI GARDENS DR. 2ND FLOOR	MIAMI/FL/33180
MGRM	LEAL, GABRIELA E.	2450 NE MIAMI GARDENS DR. 2ND FLOOR	MIAMI/FL/33180
MGRM	LEAL, MARIA DE LOS ANGELES	2450 NE MIAMI GARDENS DR. 2ND FLOOR	MIAMI/FL/33180

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that with filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.508, F.S., and that all fees owed by the limited liability company 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

REINSTATEMENT 06-12

Signature of Managing Member/Manager _____ Date 08/29/12 Daytime Phone # 54-221-4894859

Typed or printed name of signing Managing Member/Manager: JORGE H. LEAL, MGRM