

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

L02000019523

AND
FILED

03 NOV 25 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000019523

Name and Mailing Address

0007672 01 AT 0.292 **AUTO T9 0 0615 33180-271799

MAGAFAER, LLC
2450 NE MIAMI GARDENS DRIVE
2ND FLOOR
NORTH MIAMI BEACH FL 33180-2717

REINSTATEMENT



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/01/2002	
Principal Place of Business 2450 NE MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI BEACH FL 33180 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent SMITH, JOSE 2450 NE MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI BEACH FL 33180	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000025025320 11/25/03--01024--003 **150.00 City FL Zip Code
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10. 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 *[Signature]* **SIGNATURE REQUIRED** Date 11/21/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LEAL, JORGE H	2450 NE MIAMI GARDENS DRIVE	NORTH MIAMI BEACH FL 33180
MGRM	LEAL, LILIA G	2450 NE MIAMI GARDENS DRIVE	NORTH MIAMI BEACH FL 33180
MGRM	LEAL, FERNANDO J	2450 NE MIAMI GARDENS DRIVE	NORTH MIAMI BEACH FL 33180
MGRM	LEAL, GABRIELA E	2450 NE MIAMI GARDENS DRIVE	NORTH MIAMI BEACH FL 33180
MGRM	LEAL, MARIA DE LOS A	2450 NE MIAMI GARDENS DRIVE	NORTH MIAMI BEACH FL 33180
			<i>[Signature]</i>

12. 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 when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, 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.

Signature of Managing Member/Manager *[Signature]* **SIGNATURE REQUIRED** Date 11/21/03 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager Jorge Hector Leal

CR2E084 (7/03)