

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY
DIVISION

07 JUN 27 AM 10: 09

DOCUMENT # L04000088700

1. Limited Liability Company's Name

MAGIN, LLC.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
621 17th Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Vero Beach, Florida

City & State

Zip
32960

Country
USA

Zip

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **12/09/2004**

6. FEI Number
20-2032300

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
Barry G. Segal, P.A.

Street Address (P.O. Box Number is Not Acceptable)
621 17th Street

Suite, Apt. #, Etc.

City
Vero Beach

State
FL

Zip Code
32960

☐ A \$100 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 \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date **06/18/2007**

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	Kenny Holmes	621 17th Street	Vero Beach, Florida 32960

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 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

Date **6/18/07**

Daytime Phone # **(772) 567-5552**

Typed or printed name of signing Managing Member/Manager

Kenny Holmes