

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L60091

1. Corporation Name

MAGNUM TECHNICAL SERVICES, INC.

Principal Place of Business

4910 MIKONOS PLACE
COCOA FL 32926
US

Mailing Address

4910 MIKONOS PLACE
COCOA FL 32926
US

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1990

5. FEI Number

59-3004346

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	SHELDON, GLENN	4910 MIKONOS PLACE	COCOA FL 32926

600023999826
10/22/03--01010--020 **750.00

8. Name and Address of Current Registered Agent

PETERS, MARK S.
775 E. MERRITT ISLAND CSWY.
SUITE 310
MERRITT ISLAND FL 32952

9. Name and Address of New Registered Agent

Name

Glenn Sheldon

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

4910 Mikonos Pl

Suite, Apt. #, Etc.

City

Cocoa,

State

FL

Zip Code

32926

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

Date

Oct. 17, 2003

REGISTERED AGENT MUST SIGN

11. 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] Glenn A. Sheldon

Oct. 17, 2003

321-
631-4184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)