

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 26 PM 3:49

DOCUMENT # M05000005126

1. Limited Liability Company's Name

Magica Holdings LLC

NYC
08

500177609635
04/26/10--01036--007 **516.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 110 Thompson Boulevard Suite, Apt. #, etc. Citibank Building City & State Nassau Zip Country The Bahamas		3. Mailing Office Address P.O. Box N-1576 Suite, Apt. #, etc. City & State Nassau Zip Country The Bahamas	
--	--	--	--

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 09/16/2005	
6. FEI Number	Applied For <input checked="" 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

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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 *[Signature]* **Chris McNear**
Date *4/26/10*
REGISTERED AGENT MUST SIGN **Assistant Secretary**

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	Macigame Ltd.	110 Thompson Boulevard, Citibank Bldg.	Nassau, The Bahamas
<p>REINSTATEMENT 2008-2010 500177609635 04/26/10--01036--008 **30.00</p>			

11. E-mail Address: shanta.k.kerr@citi.com

(To be used for future annual report notifications)

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 *Shanta K. Kerr* Date *22 Apr '10* Daytime Phone # *242 302 8816*

Typed or printed name of signing Managing Member/Manager **Shanta K. Kerr and Nadia Minnus as Authorized Signatories of the Member Macigame Ltd.**