

MO8000002809

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 22 PM 1:46

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DOCUMENT # MO8000002809

1. Limited Liability Company's Name

MAGNA Legal Services LLC

REINSTATEMENT 2009

2. Principal Office Address - No P.O. Box #

1635 MARKET ST

Suite, Apt. #, etc.

8th FL

City & State

Phila, PA

Zip

19103

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

PA - USA

5. Date Organized or Qualified
To Do Business in Florida

7-1-07

6. FEI Number

20-8474245

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
Florida Filing & Search Services, Inc.

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

155 OFFICE PLAZA DR,

Suite, Apt. #, Etc.

Suite A.

City

Tallahassee

State

FL

Zip Code

32301

☐ 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

Chbbie P. Hoke

REGISTERED AGENT MUST SIGN

Date 10/20/09

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
MEMBER	Robert Ackerman	1 Troy Ct.	E. Brunswick, NJ 08816
MEMBER	Leonard Levine	1 Troy Ct.	EAST BRUNSWICK, NJ 08816
MEMBER	Ronny Kurzman	71 Dikeman St	Brooklyn NJ 11231
MEMBER	Mark Calzaretta	537 Van Nole Dr	Brick, NJ 08723
MEMBER	Peter Hecht	122 Bentley Dr	Mt. Laurel, NJ 08054

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

Leonard Levine

Date

10/16/09

Daytime Phone #

215-207-9480

Typed or printed name of signing Managing Member/Manager

Leonard Levine