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APPROVED
AND
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1999 AUG 26 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M54208

1. Corporation Name

Largo Magic Enterprises, Inc.

REINSTATEMENT 95-99 AD

Principal Place of Business	Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
		6/19/87	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21 Courvoisier Centre, Suite 504	26 Courvoisier Centre, Suite 504	65-0006932	
Suite, Apt. #, etc. 22 501 Brickell Key Drive	Suite, Apt. #, etc. 27 501 Brickell Key Drive	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Miami FL	City & State 28 Miami FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 33131 / 25 Miami-Dade	Zip / County 29 33131 / 30 Miami-Dade	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Wesley M. Robinson 200 South Biscayne Blvd. Suite 4500 Miami, FL 33131	31 Name: Wesley M. Robinson 32 Street Address (P.O. Box Number is Not Acceptable): Courvoisier Centre, Suite 504 33 501 Brickell Key Drive 34 City: Miami FL 35 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] Wesley M. Robinson 8/25/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P, S Keith Lutchman-Singh 4500 SW 188th Avenue Miami, FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, T Shaliza Lutchman-Singh 4500 SW 188th Avenue Miami, FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address.

SIGNATURE [signature] Keith Lutchman-Singh President, by Wesley M. Robinson as attorney-in-fact 8/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AUG-25-99 05:25 PM MIAMI OFFICE 305 6729110 P.02

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

LARGO MAGIC ENTERPRISES, INC.

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