

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT.



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

FILED

03 OCT 27 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000017348**

1. Corporation Name

**MAGANA ENTERPRISES, INC.**

Principal Place of Business

69 N WILLOW STREET  
FELLSMERE FL 32948

Mailing Address

69 N WILLOW STREET  
FELLSMERE FL 32948



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.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>02/10/2001</b>	
City & State		City & State		5. FEI Number <b>65-1076766</b>	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	MAGANA, SALVADOR SR	180 S. BROADWAY	FELLSMERE FL 32948
D	MAGANA, FRANCISCO SR	82 N LIME STREET	FELLSMERE FL 32948
D	MAGANA, SALVADOR JR	82 N LIME STREET	FELLSMERE FL 32948

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10/27/03--01005--023 \*\*150.00

10/29


8. Name and Address of Current Registered Agent

MAGANA, FRANCISCO  
82 N LIME STREET  
FELLSMERE FL 32948

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b>
Zip Code	

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**  
REGISTERED AGENT MUST SIGN  
Date **10-21-03**

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.

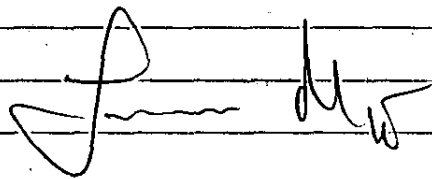
SIGNATURE:  **Francisco Magana**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **10-21-03** Daytime Phone # **772-571-0411**

CR2E040 (7/03)

Dear Sir or Madam

I Francisco Magano did not receive  
the prior UBR Notices.

Please pardon our tardiness But did not  
receive Notices

A handwritten signature in dark ink, appearing to read 'Francisco Magano'. The signature is stylized with a large, looped 'F' and a cursive 'Magano'.