

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 26 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MAGAFE DISTRIBUTORS INC

2. Principal Office Address

18814 S. Dixie Hwy

3. Mailing Office Address

18814 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL 33157

City & State

Miami FL 33157

Zip

Country

Zip

Country

REINSTATEMENT 03

4/23/02 92205 006 154

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

80-0037102

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marilyn Garcia-Ferro

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

15846 SW 103 Lane

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

200025769912
12/26/03--01019--007 **\$60.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/17/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Owner	Marilyn Garcia-Ferro	15846 SW 103 Lane	Miami, FL 33196

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/17/03 305-235-7774

CR2081 (10/02)