

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 FEB 25 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **002000112814**

1. Corporation Name

MAGNA REAL ESTATE INC

REINSTATEMENT 03-04

400029332384
02/25/04--01008--001 **150.00

2. Principal Office Address

7270 NW 12 ST

Suite, Apt. #, etc.

380

City & State

MIAMI FL

Zip

33126

Country

PADEUSA

3. Mailing Office Address

7270 NW 12 ST

Suite, Apt. #, etc.

380

City & State

MIAMI, FL

Zip

33126

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/99

5. FEI Number

010747866

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

MARIA A RODRIGUEZ

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

662 E 21 ST

Suite, Apt. #, Etc.

HOUSE

City

HALEAH

State

FL

Zip Code

33013

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

Maria A Rodriguez

REGISTERED AGENT MUST SIGN

Date

2/17/2004

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
Pres	Maria A Rodriguez	662 E 21 ST	Haleah, FL 33013
Vice Pres	Frank Rodriguez	662 E 21 ST	Haleah, FL 33013

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

2/17/2004 **786-303-2112**
Date Daytime Phone #

CR2E081 (9/01)