

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 JUN 21 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000003537

1. Corporation Name

REINSTATEMENT 04-07 *PS*

MAGIC AUTO GLASS INC

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

2980 NW 79 ST

Suite, Apt. #, etc.

LOT D-442

City & State

MIAMI, FL

Zip

Country

33147

3. Mailing Office Address

2980 NW 79 ST, LOT D 442

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

1/10/2003

5. FEI Number

50-0008697

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The 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 reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

PADRON, OSLANY

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

2980 NW 79 ST

Suite, Apt. #, Etc.

LOT D-442

City

State

Zip Code

MIAMI

FL

33147

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

Date **6/19/2007**

REGISTERED AGENT MUST SIGN

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
P	GONZALEZ, MILAGROS	2980 NW 79 ST LOT D-442	MIAMI, FL 33147
V	PADRON, OSLANY	2980 NW 79 ST LOT D-442	MIAMI, FL 33147

300104880309
06/26/07--01036--008 **1200.00

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 contained in Chapter 119, 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:

OSLANY PADRON, VICE-PR

6/19/2007

(305) 525-8505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #