
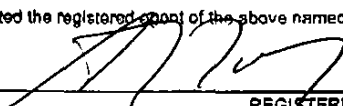
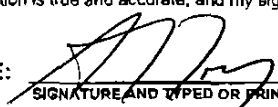


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 OCT -1 AM 10:42	
DOCUMENT # P03000021193					
1. Corporation Name MACGOR INVESTMENTS, INC.					
2. Principal Office Address - No P.O. Box # 1880 NW 103 AVE			3. Mailing Office Address SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State PLANTATION			City & State FL		
Zip 33322	Country USA	Zip SAME	Country	4. Date Incorporated or Qualified To Do Business in Florida 2/21/2003	
5. FEI Number 770598460				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name STEPHEN GOREY					
Street Address (P.O. Box Number is Not Acceptable) 1880 NW 103 AVE					
Suite, Apt. #, Etc.					
City PLANTATION		State FL	Zip Code 33322		
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 9/27/07	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
D	STEPHEN GOREY	1880 NW 103 AVE	PLANTATION, FL. 33322		
D	ROGER MACKINTOSH	3751 SW 145 AVE	FT. LAUDERDALE, FL. 33330		
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: 		STEPHEN GOREY		Date 9/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 305-345-8775	