

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

11 FEB -2 PM 12:32

DOCUMENT # P03000045999

1. Corporation Name

MAG WORKS INC.

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

7725 W. 2<sup>ND</sup> AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

7725 W. 2<sup>ND</sup> AVE. CT.

Suite, Apt. #, etc.

City & State

HIALLAH, FL

City & State

HIALLAH FL

Zip

33014

Country

DADE

Zip

33014

Country

DADE

500192365905  
01/25/11--01002--005 \*\*750.00

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

2003

5. FEI Number

043755462

☐ 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

BRUCE LAMCHICK

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

9200 SOUTH DAKOTA AVE.

Suite, Apt. #, Etc.

Suite 518

City

MIAMI

State

FL

Zip Code

33156

**REINSTATEMENT**

10-11

B 2/3/11

500192365905  
02/02/11--01003--029 \*\*150.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1/18/11

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	SUNIL MAYANI	7865 SW 124 <sup>TH</sup> ST MIAMI FL 33156	MIAMI FL 33156
Treas.	JAIIMK GONZALEZ	1791 W. 41 <sup>ST</sup>	HIALLAH FL 33012

10. E-mail Address: PAUL@MAG-WORKS.COM

(To be used for future annual report notification)

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. I further certify, 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]*

SUNIL MAYANI (PRES)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/2011 305(215-5605

Daytime Phone #