2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000051520

1. Entity Name
MAGNATE REAL ESTATE INC

FILED
05 OCT 13 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10122005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
7270 NW 12 ST 380 MIAMI, FL 33126 US	7270 NW 12 ST 380 MIAMI, FL 33126 US

2. Principal Place of Business	3. Mailing Address
3473 SW 8TH ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State
Zip: 33135 Country: USA	Zip Country

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, FRANK
7270 NW 12 ST
380
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: RODRIGUEZ, FRANK
Street Address (P.O. Box Number is Not Acceptable): 3473 SW 8TH ST
City: MIAMI FL Zip Code: 33135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS RODRIGUEZ, FRANK 7270 NW 12 ST 380 MIAMI, FL 33126 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS. RODRIGUEZ, FRANK 3473 SW 8TH ST MIAMI, FL. ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. ROBERTS OCT 10 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900060720469 10/18/05--01051--019 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 10/18/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #