

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP -4 PM 1:43

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000 154071

1. Corporation Name

2 M A G ENTERPRISES, Corp.

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

3700 W 8 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3700 W 8 Ave

Suite, Apt. #, etc.

City & State

Hialeah, FL 33012

Zip

Country

City & State

Hialeah, FL 33012

Zip

Country

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/04

5. FEI Number

20-8353857

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

Jorge L. Gascón

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

3700 W 8 Ave

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

☐ 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.

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

Jorge L. Gascón

REGISTERED AGENT MUST SIGN

Date 8/30/07

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	Jorge L Gascón	3700 W 8 Ave Hialeah, FL	Hialeah, FL 33012
UP	Yusbelis Hernandez	3700 W 8 Ave	Hialeah, FL 33012

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09/04/07--01033--008 **1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge L. Gascón

Date

8/30/07 (305) 401-1313

Daytime Phone #