

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000168793

1. Corporation Name

MAGABE INVESTMENTS, INC.

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

1110 BRICKELL AVENUE, # 901

3. Mailing Office Address

1110 BRICKELL AVENUE, # 901

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33131

Country

Zip

33131

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/2004

5. FFL Number

202156205

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

RICCI, BRUNO F.

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

1390 BRICKELL AVENUE, SUITE 200

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131



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

Date 10/24/2007

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 |
|--------|--------------------------------------|---|----------------------|
| D | BERMUDEZ, MARIO G. | 1390 BRICKELL AVENUE, #200 | MIAMI, FLORIDA 33131 |
| D | RICCI, BRUNO F. | 1390 BRICKELL AVENUE, #200 | MIAMI, FLORIDA 33131 |
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REINSTATEMENT

06-07 B 10/31/07

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

10/24/07

Date

(786) 543-8027

Daytime Phone #