


2006 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P05000151433 | |  |
| 1. Entity Name MAGNA TECH INC | | |

06 OCT 2006 09:38

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| Principal Place of Business 204 SW 57TH AVE MIAMI, FL 33126 | Mailing Address 204 SW 57TH AVE MIAMI, FL 33126 |
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| 2. Principal Place of Business 5250 NW 114 AVE Suite, Apt. #, etc. 104 City & State DORAL, FL Zip 33178 Country USA | 3. Mailing Address 5250 NW 114 AVE Suite, Apt. #, etc. 104 City & State DORAL FL Zip 33178 Country USA |
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REINSTATEMENT (05) 06

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| 4. FEI Number 20-383878 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent TAVIO, ORLANDO 204 SW 57TH AVE MIAMI, FL 33126 | |
| 7. Name and Address of New Registered Agent Name ORLANDO TAVIO Street Address (P.O. Box Number is Not Acceptable) 5250 NW 114 AVE SUITE 104 City DORAL FL Zip Code 33178 | |

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: 10/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TAVIO, ORLANDO 204 SW 57TH AVE MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600081130646 10/24/06--01005--024 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CUARTIN, MIGUEL 204 SW 57TH AVE MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 10/10/06 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINSTATEMENT OCT 24 2006