


2006 FOR PROFIT CORPORATION REINSTATEMENT

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

06 OCT 2006 09:38

Principal Place of Business 204 SW 57TH AVE MIAMI, FL 33126	Mailing Address 204 SW 57TH AVE MIAMI, FL 33126
---	---

2. Principal Place of Business 5250 NW 114 AVE Suite, Apt. #, etc. 104	3. Mailing Address 5250 NW 114 AVE Suite, Apt. #, etc. 104
---	---



REINSTATEMENT (05) 06

City & State DORAL, FL	City & State DORAL FL		
Zip 33178	Country USA	Zip 33178	Country USA

4. FEI Number 20-383878	Applied For <input type="checkbox"/> Not Applicable
-----------------------------------	--

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**

(NOTE: Registered Agent signature required when reinstating)

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.
--	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	Delete <input type="checkbox"/>		TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	TAVIO, ORLANDO			NAME	600081130646		
STREET ADDRESS	204 SW 57TH AVE			STREET ADDRESS	10/24/06--01005--024 **150.00		
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP			
TITLE	SD	Delete <input type="checkbox"/>		TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	CUARTIN, MIGUEL			NAME			
STREET ADDRESS	204 SW 57TH AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>		TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>		TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>		TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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

OCT 24 2006