PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2020 AUG 24 PM 12:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P11000083758

1. Corporation Name

MAGUS HOLDING II, CORP.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4100 SALZEDO ST	4100 SALZEDO ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
APT 804	APT 804
City & State	City & State
CORAL GABLES	CORAL GABLES
Zip / Country	Zip / Country
33146 / MIAMI-DADE	33146 / MIAMI-DADE

400350937480-4
08/25/20--01001--012 **935.00
CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 09/22/2011

5. FEI Number 37-1662241 ☐ 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: GUSTAVO ADOLFO PERDOMO ROSALES

Street Address (P.O. Box Number is Not Acceptable): 4100 SALZEDO ST

Suite, Apt. #, Etc.: APT 804

City: CORAL GABLES | State: FL | Zip Code: 33146

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 08/20/2020

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/P	GUSTAVO ADOLFO PERDOMO ROSALES	4100 SALZEDO ST	CORAL GABLES, FL 33146
DVPS	MARIA C PERDOMO ROSALES	4100 SALZEDO ST	CORAL GABLES, FL 33146

REINSTATEMENT

AUG 24 2020

R. HUNT

10. E-mail Address: _____
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Gustavo Adolfo Perdomo Rosales 08/20/2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #