FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 FEB -5 PM 2:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000003039

1. Corporation Name
MAGNUM SYSTEMS, INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
1980 SW Clevel Road	P. O. Box 2350
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Arcadia, FL	City & State: Arcadia, FL
Zip: 34266 Country: US	Zip: 34265 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 11/09/1992

5. FEI Number: 65-0373927 ☐ 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: Mindy Carreja, ESQ Bush, Ross, Gardner, Warren & Rudy

Street Address (P.O. Box Number is Not Acceptable): 220 South Franklin Street

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 33601

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: Mindy Carreja Date: January 21, 200

REGISTERED AGENT MUST SIGN

CR2E022(01/00)

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
PD	Edwards, John W.	1980 SW Clevel Road	Arcadia, FL 34266
EVPS	Edwards, Karen P.	1980 SW Clevel Road	Arcadia, FL 34266
TD	Edwards, Karen P.	1980 SW Clevel Road	Arcadia, FL 34266
V	Titmus, Michael S.	10328 Ashley Oak Drive	Riverview, FL 33569

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 under section 119.07(3)(i), 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: Karen P. Edwards Karen P. Edwards 1/20/04 863-993-1414

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

Karen P. Edwards

MAGNUM systems, inc.

January 20, 2004

Florida Department of State
Division of Corporations
P. O. Box 5327
Tallahassee, FL 32314

Dear Sir or Madam:

I am submitting this letter along with our completed forms for Magnum Systems, Inc. and Advanced Contracting & Hedging, Inc. for reinstatement. In some error our address was not changed with the State from our previous address of 7269 Bee Ridge Road, Sarasota, FL to 1980 SW Clevel Road, Arcadia, FL. We did not receive the annual reporting notices and failed to file on a timely manner. We did not know we had a problem until our financial institution did Status Verification and showed that we had been Administratively Dissolved.

Thank you for your time this morning on the phone about downloading the forms and how to resubmit along with the $300.00 filing fee per company. It is my understanding from that conversation that this will also serve as filing for the present year.

Sincerely,

Karen P. Edwards

Karen P. Edwards
Executive Vice President