

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

04 OCT 27 PM 3:10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # PG300002864L

1. Corporation Name

Maguipan International Inc.

2. Principal Office Address

255 Alhambra Circle

Suite, Apt. #, etc.

Suite 850

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

255 Alhambra Circle

Suite, Apt. #, etc.

Suite 850

City & State

Coral Gables, FL

Zip

33134

Country

USA

600042703976

11/12/04--01073--009 \*\*758.75

4. Date incorporated or Qualified To Do Business in Florida

04/16/1993

5. FEI Number

65-0414982

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

Jorge Castano

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

251 Crandon Boulevard

Suite, Apt. #, Etc.

Apt. 1006

City

Key Biscayne

State

FL

Zip Code

33149

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D.P.	Antonio Castano	251 Crandon Blvd #1006	Key Biscayne, FL 33149
	Jorge Castano	251 Crandon Blvd #1006	Key Biscayne, FL 33149

10. 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., 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)(b), F.S. The information indicated on this application is true and accurately 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

Date

(305) 448-6800

Daytime Phone #

CR228717023