

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000070669

1 Corporation Name

MAGIC RADIO INTERNATIONAL, INC.

FILED

96 DEC 20 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address Principal Place of Business
340 Sevilla Avenue 340 Sevilla Avenue
c/o Jose L. Riera c/o Jose L. Riera
Coral Gables, FL 33134 Coral Gables, FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

10/12/93

5. FEI Number
65-0445754

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ☐

\$9.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City State / Zip
PD	CUERVO, FERNANDO L.	Bravo Mirillo 38	Madrid, Spain
VD	MARTINEZ, VINCENTE G.	Calle Bola 3, 3rd Izquierda	Madrid, Spain

900002040509--9
-12/30/96--01011--002
****383.75 ****383.75

8. Name and Address of Current Registered Agent

Jose L. Riera
340 Sevilla Avenue
Suite 1600
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Jose L. Riera

REGISTERED AGENT MUST SIGN

Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patrick L. Murray ATT. IN FA. by FERNANDO CUSAN L. P/O DEC. 16 1996

CR2040 (6-94)