

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -8 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074031

1. Corporation Name

Magura Construction, Inc.

REINSTATEMENT 00-03

2. Principal Office Address

20609 NW 190th Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

High Springs, FL

City & State

Zip

32643

Country

United States

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-20-93

5. FEI Number

59-3226596

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

Deborah K. Magura

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

20609 N.W. 190th Avenue

Suite, Apt. #, Etc.

City

High Springs

State
FL

Zip Code
32643

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

Deborah K. Magura
REGISTERED AGENT MUST SIGN

Date 12/2/03

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
P	Deborah K. Magura	20609 N.W. 190th Avenue	High Springs, FL 32643

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:

Deborah K. Magura
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/03

Date

386-454-2739

Daytime Phone #

CR2E081 (10/02)

MAGURA CONSTRUCTION, INC.
20609 N.W. 190TH Avenue
High Springs, Florida 32643
(386) 454-2739

December 2, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Magura Construction, Inc.
59-3226596

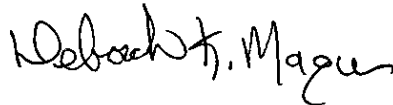
Dear Sirs:

Due to the 911 emergency address changes made, I did not receive any forms from the Department of State since the year 1999. Attached are a completed corporation reinstatement form and my check in the amount of \$600.00 for the reinstatement fee. Please accept my request to waive any late fees and interest that may have incurred.

The new address of the corporation is 20609 NW 190th Avenue, High Springs, FL 32643

Your help in resolving this issue is greatly appreciated. Thank you.

Sincerely,



Deborah K. Magura, President

DKM/jb
Encls.