PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION • FOR 1/1 Sandra B. Mortham Secretary of State REINSTATEMENT ' DIVISION OF CORPORATIONS **DOCUMENT #** P35000028079 97 FEB 19 PH 12: 36 1. Corporation Name MAG INFORMATION SERVICES, INC. SECRETARY OF STATE ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address #204 1950 South Military TR 340 ROYAL PARM WAY WEST PALM BEACK \$3463 PALM BEACK EL 33480 If above addresses are incorrect in any way, line through incorrect information and enter correction below, 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 65-05-66 795 Not Applicable \$8.75 Additional Fee required Ζφ Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director City / State / Zip (Do NOT Use Post Office Box Numbers) ANGEL L BERMUDER FR 6519 1415+ LANE PALM BEACH GARDGUS ANGEL L. BERMUDER, JR. 6519 1415+ LANE FC, 33418 000002092940--2 -02/20/97--01030--002 ****915.00 ****915.00 RFINSTATEMENT 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name ANGELL, BERMUDER Street Address (P.O. Box Number is Not Acceptable) 6519 1415+ LANE Suite, Apt. #, Etc. PBG PL 33418 City 10. It being appointed the registered agon of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent RESISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. Yes X on intangible tax.) 12 I circlify 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 filling 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 pay signature shall have the same legal effect as if made under oath. ANGEL L. BERMUDEZ SR. 2/18/97 . 802-4218 SIGNATURE