

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000041049

1. Corporation Name

MR MAGOOS INC

2. Principal Office Address - No P.O. Box #

2900 WEST SAMPLE ROAD

Suite, Apt. #, etc.

POMPANO, FL

City & State

33073

Zip

Country

U.S.A.

3. Mailing Office Address

139 FAITHWAY

Suite, Apt. #, etc.

JUPITER, FL.

City & State

33458

Zip

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Fox Hammers

Street Address (P.O. Box Number is not acceptable)

14105 SW. 82 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33158

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/15/07

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
PRE	GEORGE DIEZ	139 FAITHWAY	JUPITER, FL. 33458
TRE	VIVIAN DIEZ	139 FAITHWAY	JUPITER, FL. 33458

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10/23/07-01028-002 \*\*1665.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

10/15/07

Daytime Phone #

954-309-3479

FILED

2007 OCT 23 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

MAY 24, 1995

5. FEI Number

65-0589079

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.