

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 29 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000050121

1. Corporation Name

MAGAZINE SERVICES, INC.

Principal Place of Business

Mailing Address

~~9625 W. SAMPLE RD.~~
~~CORAL SPRINGS FL 33065~~
US

~~P.O. BOX 6488~~
~~CORAL SPRINGS FL 33065~~
US



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

2. New Principal Office Address, If Applicable

26100 SW 209 AV

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

26100 SW 209 AV

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1995

5. FEI Number

65-0590301

Applied For

Not Applicable

City & State

Homestead FL

City & State

Homestead FL

Zip

33031

Country

USA

Zip

33031

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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	4 City / State / Zip
D	KAHN FAMILY LIMITED PARTNERSHIP	9625 W. SAMPLE RD. 1475 W. Cypress Creek Rd.	CORAL SPRINGS FL Ft. Lauderdale FL 33309
D	CARPINIELLO, FRANK	3333 W. MCNAB RD STE 128	TAMARAC FL 33321
D	Sandra Bronnenberg	26100 SW 209 AV	Homestead FL 33031

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~KAHN, ROBERT B~~

~~9265 W. SAMPLE RD.~~

~~CORAL SPRINGS FL 33065~~

Name

Sandra Bronnenberg

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

26100 SW 209 AV

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33031

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. or 617.0505, F.S.

Signature of
Registered Agent

Sandra Bronnenberg
REGISTERED AGENT MUST SIGN

Date

10/23/02

11. 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:

Sandra Bronnenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02

Daytime Phone #

CR2040 (8/02)

Magazine Services, Inc.
26100 SW 209 Av
Homestead, FL 33031

October 23, 2002

Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327

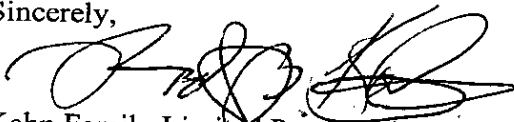
Re: P95-000050121

Dear Sir or Madam:

I respectfully request that the reinstatement fee be waived on the above mentioned corporation. We never did receive the two prior uniform business report (UBR) notices. I suspect the reason is our change of address.

Thank you in advance for your consideration.

Sincerely,



Kahn Family Limited Partnership
Director