

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058568

1. Corporation Name

MAGNA VISION, INC.

Principal Place of Business

Mailing Address

326 TROON COURT
NEW SMYRNA BEACH FL 32170

P.O. BOX 703022
NEW SMYRNA BEACH FL 32170

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

c/o Technology General Corp.

Suite, Apt. #, etc.

12 Cork Hill Road

City & State

City & State
Franklin, NJ

Zip

Country

Zip
07416

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1995

5. FEI Number

59-3336392

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	FLETCHER, CHARLES J	326 TROON CT.	NEW SMYRNA BEACH FL
S	FLETCHER, HELEN S	7 VALLEX RD.	SPARTAN NJ 07871
VP	FLETCHER, JEFFREY C	7 VALLEY RD.	SPARTAN NJ 07871

800002716479--8
-12/18/98--01030--018
****758.75 ****758.75

12/14

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLETCHER, CHARLES J
326 TROON COURT
NEW SMYRNA BEACH FL 32170

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Charles J Fletcher
REQUIRED
REGISTERED AGENT MUST SIGN

Date **Dec 4th 1998**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Charles J Fletcher
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 4th 1998 904 427 7982
Date Daytime Phone #

APPROVED
AND
FILED

98 DEC 11 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98

CE2EN40 (9/98)