

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 19 AM 8:00

DOCUMENT # 095000091112

1. Corporation Name

MAGNETICS INTERNATIONAL INC.

REINSTATEMENT

03-04  
MRD

2. Principal Office Address

7525 W 20TH AVENUE

Suite, Apt. #, etc.

City & State

HIWALEAH, FL

Zip Country

33014 USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

Nov 95

5. FEI Number

650627156

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

ROBERT MEHLER

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

500 BAYVIEW DRIVE

Suite, Apt. #, Etc.

1030

City

SUNNY ISLES

State

FL

Zip Code

33160

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]

Date 2/12/04

REGISTERED AGENT MUST SIGN

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
PRES	ROBERT MEHLER	500 BAYVIEW DRIVE #1030	MB, FL 33160

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:

[Signature]

ROBERT MEHLER

2/12/04

3058256527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

292

# Magnetiks

Authorized Dealer for:

.. T .. Mobile ..

**Panasonic**



**NOKIA**

WIRELESS SUPPORT CENTER

7525 W. 20<sup>TH</sup> Avenue  
Miami, Florida 33014  
USA

Phone 305 825 6527

Fax 305 825 6122

Email: [rmehler@magnetiks.net](mailto:rmehler@magnetiks.net)

02/12/04

To Whom It May Concern:

To date, Magnetiks International has never received by mail an application or bill for the annual report fee. For this reason I respectfully request that you waive the reinstatement fee of \$600.00. 2003

Enclosed please find a check for \$300.00. This should cover last years' fee, together with this year's fee. If I can be of any service to you, please contact me at the above mentioned telephone number.

Kind regards,

Robert J Mehler  
President