

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FC 98-00  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUL 19 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 980000199916

1. Corporation Name

SUPA MAGS FLORIDA INC.

Principal Place of Business

Mailing Address

625 N ANDREWS AVENUE

FORT LAUDERDALE - FL - 33311

MAILING

SAME

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

2. New Principal Office Address, If Applicable

625 N ANDREWS AVE.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

625 N ANDREWS AVE.

Suite, Apt. #, etc.

REINSTATEMENT 98-00

4. Date Incorporated or Qualified To Do Business in Florida

1996

TS

5. FEI Number

650648767

Applied For

Not Applicable

City & State

FORT LAUDERDALE - FLORIDA

City & State

FT/LAUDERDALE - FLORIDA

Zip

33311

Country

BROWARD

Zip

33311

Country

BROWARD

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
PRESIDENT	AARON LEN	615W 91 <sup>ST</sup> Avenue	PLANTATION - FL - 33311

000003350170--1  
-08/09/00--01004--001  
\*\*\*\*900.00 \*\*\*\*900.00

000003350170--1  
-08/09/00--01004--002  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

David Schottenfeld

7520 NW 5<sup>th</sup> Street

SUITE 203

PLANTATION - FL - 33317

9. Name and Address of New Registered Agent

Name

AARON LEN

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

625 N ANDREWS AVENUE

Suite, Apt. #, Etc.

City

FT/LAUDERDALE

State

FL

Zip Code

33311

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

REGISTERED AGENT MUST SIGN

Date

12/28/99

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AARON LEN

Date

12/28/99

Daytime Phone #

954-768-0104

CR208 (12/98)