


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P96000019996</i>			
1. Corporation Name <i>SUPA MAGS FLORIDA INC.</i>			
2. Principal Office Address <i>625 N ANDREWS AVE</i> Suite, Apt. #, etc. <i>—</i> City & State <i>FT LAUDERDALE FL.</i> Zip <i>33311</i> Country <i>USA.</i>		3. Mailing Office Address <i>Same</i> Suite, Apt. #, etc. <i>—</i> City & State <i>FLORIDA.</i> Zip <i>—</i> Country <i>—</i>	

FILED

01 AUG -6 AM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98-01 UBR

4. Date Incorporated or Qualified To Do Business in Florida <i>May 1996</i>	Applied For <input type="checkbox"/>
5. FEI Number <i>650648767</i>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <i>ASNE DINKELSPIEL</i>	000004556990--2
Street Address (P.O. Box Number is Not Acceptable) <i>61 SW 91st Avenue</i>	-08/27/01--01014--006
Suite, Apt. #, Etc. <i>#105</i>	***600.00 ***600.00
City <i>PLANTATION</i>	State Zip Code FL 33324

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 <i>[Signature]</i>	Date <i>6-22-01</i>
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
<i>SECRETARY</i>	<i>ASNE DINKELSPIEL</i>	<i>61 SW 91st Avenue #105</i>	<i>Plantation FL 33324</i>

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: <i>[Signature]</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E081 (9/00)



BEFORE



FIX - A - MAG

SUPA MAGS

FLORIDA, INC.

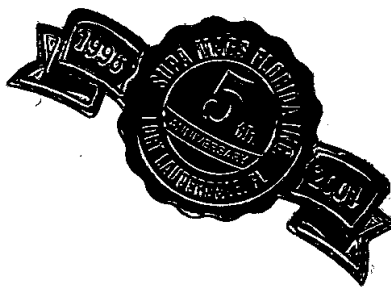
Serving The Community Since 1996



AFTER

June 25, 2001

Division of Corporations
P O Box 6327
Tallahassee, FL. 32314



Dear Sir or Madam:

SUPA MAGS FLORIDA INC.
REF.: #P96000019996

Further to the telephonic conversation I had with Tyrone on Friday, with reference to my business being re-instated, I am enclosing herewith the Re-instatement Form duly completed and signed, together with a Cashier's Check for \$600.00.

As also discussed on the telephone, my reason for not being current is that I never received any renewal forms. These may have been sent to my previous accountant - he resigned in September of 2000.

I hope that this will clear up my status and that the company will now become active for the year 2001.

Please could you waive the penalties for the reasons stated above.

Thanking you in anticipation.

Yours truly,
SUPA MAGS FLORIDA INC.

ASNE DINKELSPIEL