

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVED
AND
FILED**

97 NOV 17 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 96 000029299**

1. Corporation Name

MAGOTH INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**145 EAST FLAGLER ST., 3RD. FLOOR
MIAMI, FL 33130**

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

2. New Principal Office Address, If Applicable

11900 BISCAYNE BLVD.

Suite, Apt. #, etc.

509A

City & State
MIAMI, FL

Zip
33181

Country
U.S.A.

3. New Mailing Office Address, If Applicable

11900 BISCAYNE BLVD

Suite, Apt. #, etc.

509A

City & State
MIAMI, FL

Zip
33181

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

4-2-96

5. F.E.I. Number

65-0726817

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	ANDREW DIAMOND	11900 BISCAYNE BLVD. 509A, MIAMI, FL 33181	
DIR.	DR. ROBERT DIAMOND	187 MACQUARIE ST. SYDNEY, AUSTRALIA 2000	

8. Name and Address of Current Registered Agent

**CORPORATE SERVICE CO.
1201 HAYS STREET
TALLAHASSEE, FL 32301-
2525**

9. Name and Address of New Registered Agent

Name
ANDREW DIAMOND
Street Address (P.O. Box Number is Not Acceptable)
11900 BISCAYNE BLVD.
Suite, Apt. #, Etc.
509A
City
MIAMI
State
FL
Zip Code
33181

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

A. Diamond

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

Date **November 10th 1997**

100002351121--4

-11/18/97--01091--025

*******750.00 *****750.00**

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:

A. Diamond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 10th 1997

Date Daytime Phone #

0025040 1-2 95