

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Doc 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 11 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400075289834  
05/25/06--01049--017 \*\*1208.25

DOCUMENT # PA1000073922  
1. Corporation Name  
MAGS & ASSOCIATES, INC.

2. Principal Office Address  
15600 OLD 41 N.

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.  
N/A

Suite, Apt. #, etc.

City & State  
NAPLES FL.

City & State

Zip  
34110

Country  
COLLIER

Zip Country

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida 8-25-1997

5. FEI Number  
650782780

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  
Gordon Sundin

Street Address (P.O. Box Number is Not Acceptable)  
15600 OLD 41 N.

Suite, Apt. #, Etc.  
N/A

City  
NAPLES

State  
FL

Zip Code  
34110

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]

REGISTERED AGENT MUST SIGN

Date 5-7-06

**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
<u>PRESIDENT</u>	<u>Gordon Sundin</u>	<u>15600 OLD 41 N.</u>	<u>NAPLES FL 34110</u>
<u>TREASURER</u>			
<u>V. PRES.</u>			
<u>SEC.</u>	<u>MARY Ann Sundin</u>	<u>15600 OLD 41 N.</u>	<u>NAPLES FL. 34110</u>

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 contained in Chapter 119, 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] Gordon Sundin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-06

Date

239 596 0536

Daytime Phone #

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**MAGS & ASSOCIATES, INC  
15600 OLD 41 NORTH  
NAPLES FL. 34110  
239 596 0536**


**ATT: REINSTATEMENT SECTION  
RE: WAIVE \$600 PENALTY**

**TO WHOM IT MAY CONCERN,**

**PLEASE WAIVE THE \$600 PENALTY FOR DISSOLUTION.  
WE HAVE MOVED AND NEVER RECEIVED A LETTER  
OR NOTICE OF RENEWAL.**

**PLEASE FIND ENCLOSED OUR CHECK FOR \$1,208.25  
WHICH WE UNDERSTAND WILL PAY FOR ALL LATE FEES  
AND PAY US UP TO DATE.**

**THANK YOU,**

  
**GORDON SUNDIN, PRESIDENT  
MAGS & ASSOCIATES, INC.**