

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 19 PM 3:08

DOCUMENT # P98000046056

1. Corporation Name

MAGNUS LOYAL PROPERTIES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

MIGUEL CUMPLIDO TIMPONI
9220 S.W. 102ND STREET
MIAMI FL 33176

MIGUEL CUMPLIDO TIMPONI
9220 S.W. 102ND STREET
MIAMI FL 33176

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1998

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See 702.00 for instructions on how to obtain 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TIMPONI, MIGUEL C	9220 S.W. 102ND STREET	MIAMI FL 33176

600003060526--9
-12/03/99--01095--021
\$\$\$750.00 \$\$\$750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name MET PARTNERS, INC.
Street Address P.O. Box Number (Not Applicable)
909 ADA SUITE 59TH CT.
Suite Apt. # Etc. MIAMI
City FL State Zip 33176

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

[Signature]

REQUIRED

Date

11/16/99

REGISTERED AGENT MUST SIGN

11. 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

[Signature]
REQUIRED

Date

11/16/99

Daytime Phone #

AD
505. JAT 1971