PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 DEC 10 PM 2:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # P98000047023

1. Corporation Name

POWERMAGIC, INC

2. Principal Office Address	3. Mailing Office Address
5721 SW 58 COURT	5721 SW 58 COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33143 Country: USA	Zip: 33143 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 27 MAY 1998

5. FEI Number: 65-0839025 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: GINA FERRIS

Street Address (P.O. Box Number is Not Acceptable): 5721 SW 58 COURT

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33143

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: Gina Ferris (REGISTERED AGENT MUST SIGN) Date: 12/7/01

CR2E031 (01/00)

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
P	JORGELINA FERRIS	5721 SW 58 COURT	MIAMI FL 33143
S	JORGELINA FERRIS	5721 SW 58 COURT	MIAMI FL 33143
T	JORGELINA FERRIS	5721 SW 58 COURT	MIAMI FL 33143

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: Gina Ferris JORGELINA FERRIS 12/7/01 305 476-3881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #