

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -4 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000083234

1. Corporation Name

MAGSIL, INC.

W060000/8462

2. Principal Office Address

6850 SUNRISE TER

Suite, Apt. #, etc.

3. Mailing Office Address

6850 SUNRISE TER

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33133

Country

MIAMI-DADE

Zip

33133

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

9-24-1998

5. FEI Number

65-0864504

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

SILVERIO F. BILBAO

Street Address (P.O. Box Number is Not Acceptable)

6850 SUNRISE TERRACE

Suite, Apt. #, Etc.

300074535833
05/14/06-01001-025 **450.00

City

CORAL GABLES

State
FL

Zip Code

33133

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 4-14-2006

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	SILVERIO F. BILBAO	6850 SUNRISE TER	CORAL GABLES, FL 33133
S/T	MAGALY M. BILBAO	6850 SUNRISE TER	CORAL GABLES, FL 33133

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-2006

Date

305-662-2608

Daytime Phone #

SILVERIO F. BILBAO