

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 15 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

99800097315

1. Corporation Name

MAGPIE ISLAND, INC.

REINSTATEMENT 01-02

400009014274
11/15/02--01012--030 **900.00

400009014274
11/15/02--01012--031 **8.75

2. Principal Office Address

4506 Wishart Place

3. Mailing Office Address

4506 Wishart Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33603

Country

USA

Zip

33603

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

11/16/98

5. FEI Number

59-3650374

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

James L. Chase

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

101 East Government Street

Suite, Apt. #, Etc.

City

Pensacola,

State
FL

Zip Code
32501

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

REGISTERED AGENT MUST SIGN

Date

10/3/02

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/D	Margarita P. Whidden	4506 Wishart Place	Tampa, FL 33603

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:

Margarita P. Whidden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/02

Daytime Phone #

(813) 875 6588

CR2E031 (9/01)

11/20