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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 27 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P98000097315

REINSTATEMENT 03-04 MRD

1. Corporation Name
Magpie Island, Inc.

4506 Wishart Place
4506 Wishart Place

2. Principal Office Address	3. Mailing Office Address
4506 Wishart Place	4506 Wishart Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33603 Country: U.S.A.	Zip: 33603 Country: U.S.A.

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 ☒ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent:

Name: Clifford G. Myers
Street Address (P.O. Box Number is Not Acceptable): 3825 Henderson Blvd.
Suite, Apt. #, Etc.: Suite 208
City: Tampa | State: FL | Zip Code: 33629

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Clifford G. Myers (REGISTERED AGENT MUST SIGN) Date: 5/27/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Margarita L. Whidden	4506 Wishart Place	Tampa, FL 33603

10. I certify that I am an officer or director of 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 exception 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 Whidden 5/24/04 (813) 960-9445
SIGNATURE AND TYPED OR PRINTED NAME OF RESIDENT OFFICER OR DIRECTOR — Date — Daytime Phone #