PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

ACCEPTED AND FILED

01 NOV 13 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000003209

1. Corporation Name

MAGIC BY MIO INC.

300046898863--8
-11/20/01--01076--009
****158.75 ~~****150.00~~
158.75

2. Principal Office Address	**3.** Mailing Office Address
2555 Collins Ave	2555 collins ave
Suite, Apt. #, etc.: suite # 1602	Suite, Apt. #, etc.: suite # 1602
City & State: MIAMI BEACH FL	City & State: MIAMI BEACH FL
Zip: 33140 Country: USA	Zip: 33140 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: Jan. 11 1999

5. FEI Number: 650901023 ☐ 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: MIO MARCO RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable): 2555 Collins Ave

Suite, Apt. #, Etc.: suite # 1602

City: MIAMI BEACH State: FL Zip Code: 33140

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: 11/9/01

CR2E081 (9/99)

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	MIO MARCO RODRIGUEZ	2555 Collins # 1602	MIAMI BEACH FL 33140

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: _____ 11/9/01 3055322325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/9/01

DEAR SIRS OR MADAME,

THIS LETTER IS IN REGARD TO MY CORPORATION, "MAGIC BY MIO INC."

AS PER PHONE CONVERSATION WITH A STATE EMPLOYEE, I AM WRITING, ASKING THAT YOU WAIVE THE PENALTY FEE DUE TO THE FACT THAT MY CORPORATION MOVED AND I DID NOT RECIEVE ANY NOTIFICATION OF ANNUAL REPORT AT THE NEW ADRESS.

ENCLOSED IS MY APPLICATION FOR REINSTATEMENT, AND A CHECK FOR $150.00.

THANK YOU VERY MUCH FOR YOUR TIME AND CONSIDERATION IN THIS MATTER.

RESPECTFULLY

MIO MARCO RODRIGUEZ

Charter Number Only

EXY 11/09/01

ATLANTIC

Requestor's Name

Address

City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

Magic By Mio Inc.

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Empire Toll Free: 1-800-432-3028