| SIGNATURE:

<del></del>	MENT # P990000		11 (001	<u>.,</u>		•		
1. Entity Name  MAGESTONE RESOURCES, INC.					ri RATEROLO Procedus i	LEU Y OF STATE CORPORATIO:		
III IGEO	TOTAL TILOGOTTOLO, INC.							
Principal Place 16234 RAMBLI TAMPA FL 336	NG VINE DR. W	Mailing Address 16234 RAMBLING VINE DR. W TAMPA FL 33624			VU JUL 27	PM 12: 00		
<b>2.</b> Principal Pl //১/34 Suite, Apt.	RAMING VIN Dr W	3. Mailing Address 16234 Kamp 1016 Ving DrW Suite, Apt. #, etc.		Drw Drw	DO NOT WRITE IN THIS SPACE			
City & State	<del></del> -,	City & State		4. [	El Number 59-3579784	<del> </del>	Applied For Not Applicable	
- アマル 33629	Country HillsBoRough	1 (2 15)((.)\)	Country H. //SBon	such 5. (	Certificate of Status Desired	S8.75 A	dditional	
	6. Name and Address of Current Re	gistered Agent	- Name	7. 1	Name and Address of New R	gistered Agent		-
HOLLISTER, WILLIAM S 8001 N DALE MABRY HWY SUITE 501M				Street Address (P.O. Box Number is Not Acceptable)				
TAM	IPA FL 33164							
			City			FL Zip Co	ode	_
8. The above	named entity submits this statement for th	ne purpose of changing its re	gistered office or	registered age	ent, or both, in the State of Flo	rida.		
SIGNATURE _	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	legistered Agent signatu	are required when re	instating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After SEPTEMBER 13, Make Check Payable				be \$750.00	10. Election Campaign Fin. Trust Fund Contribution		.00 May Be led to Fees	
11.	OFFICERS AND DI	:	12.	AD	DITIONS/CHANGES TO OFFI			1
TITLE NAME STREET ADDRESS	D WOOLSTENHULME, CARIE L 16234 RAMBLING VINE DR. W	L.) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e 🗌 Addition	ZE034 (5/00)
CITY-ST-ZIP TITLE	TAMPA FL 33624	Delete	TITLE			☐ Change	e 🔲 Addition	⊢α:
NAME Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP		3000033 -08/08/	3 <b>49723</b> /0001084-	8 019	
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CITY-ST-ZIP			CITY-ST-ZIP					
indicated	ertify that the information supplied with the on this report or supplemental report is truoration or the receiver or trustee empower or on an attachment with Address with	e and accurate and that my	signature shall ha	ave the same I	legal effect as if made under o	ath; that I am an offici	er or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description

Des



## MageStone Resources, Inc.

16234 Rambling Vine Dr W Tampa, FL 33624-1199

Direct Voice (813) 969-2717 Or (813) 962-7087 · EMail MageStone@Juno.com

Wednesday, July 19, 2000

To:

Florida Dept. of State Div of Corporations

From: Carie L. Woolstenhulme-Infante

Ref:

Renewal Corporation form

Please be advised that I sent my renewal in Amy of 2000 that included a check for \$150.00. Apparently it was lost due to the fact that you have sent me a second notice.

Enclosed are my fee of \$150.00 and the completed form.

Regards,

Garie Woolstenhulme-Infante