

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

01 JAN 12 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000063201

1. Corporation Name

Magy Management Services, Inc.

2. Principal Office Address

12365 Antille Drive

Suite, Apt. #, etc.

City & State

Boca Raton

Zip

33428

Country

USA

3. Mailing Office Address

12365 Antille Drive

Suite, Apt. #, etc.

City & State

Boca Raton

Zip

33428

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/01/1999

5. FEI Number

65-0957992

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

Jennifer L. Augspurger

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

7301 West Palmetto Park Road

Suite, Apt. #, Etc.

Suite 101A

City

Boca Raton

State
FL

Zip Code

33433-3455

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

11/21/00

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
D	Andrew Gerstman	12365 Antille Drive	Boca Raton, FL 33428

REINSTATEMENT

2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew

Gerstman

12/22/2000

Date

561-470-2135

Daytime Phone #

CR2E081 (3/99)