

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 DEC 30 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 99000103114*

1. Corporation Name

MARGARITA MAGGIES CORPORATION

REINSTATEMENT

02

1 00009734941
12/30/02--01030--012 **750.00

2. Principal Office Address

1927 KINGLING BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL

Zip

Country

Zip

Country

34236

SARASOTA

4. Date Incorporated or Qualified To Do Business in Florida

1999

5. FEI Number

65-0963718

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

JASON REYNOLDS

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

1927 KINGLING BLVD

Suite, Apt. #, Etc.

City

SARASOTA

State
FL

Zip Code

34236

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

Jason Reynolds

REGISTERED AGENT MUST SIGN

Date

11-28-02

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
<i>Pres</i>	<i>JASON REYNOLDS</i>	<i>1927 Kingling Blvd</i>	<i>SARASOTA, FL 34236</i>
<i>Sec</i>	<i>- II -</i>	<i>- II -</i>	<i>- II -</i>
<i>V.P.</i>	<i>PHILIP COLANDRO</i>	<i>" " "</i>	<i>" " "</i>

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)(c), 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

Jason Reynolds
JASON REYNOLDS

Date

Daytime Phone #

11/28/02

941-951-0335

js 1/2

CR25001 (9-01)