

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

97 DEC 31 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V23818**

1. Corporation Name
320 MAGYS, INC.

Principal Place of Business
**G/O NAT-NAGGARATO
10717 S.W. 104TH STREET
MIAMI FL 33176**

Mailing Address
**G/O NAT-NAGGARATO
10717 S.W. 104TH STREET
MIAMI FL 33176**



REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1992

LENARD JACOBSON
Suite, Apt. #, etc.
688 FLAMINGO ISLE DR.
City & State
FT. LAUDERDALE, FL
Zip
33301

LENARD JACOBSON
Suite, Apt. #, etc.
688 FLAMINGO ISLE DR.
City & State
FT. LAUDERDALE, FL
Zip
33301

5. FEI Number **65-0324214**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DBT	MARIN, BEATRIZ L	10717 S.W. 104TH STREET	MIAMI FL 33176
DBT	LENARD JACOBSON	688 FLAMINGO ISLE DR.	FT. LAUDERDALE, FL 33301
			500002391275-6
			-01/06/98-01074-019
			****750.00 ****750.00

SA 1/2/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NAGGARATO, NAT
10717 S.W. 104TH STREET
MIAMI FL 33176

Name
LENARD JACOBSON
Street Address (P.O. Box Number is Not Acceptable)
688 FLAMINGO ISLE DR.
Suite, Apt. #, Etc.

City
FT. LAUDERDALE State
FL Zip Code
33301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent **Lenard J. Jacobson**
REGISTERED AGENT MUST SIGN

Date **12/28/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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: **Lenard J. Jacobson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/97 **954-527-0754**
Date Daytime Phone #

CR2EDM (8/97)