

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 FEB 25 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V73878**

**1. Corporation Name**

A-1 MAGIC BONDING, INC.

**2. Principal Office Address**

7025 N. W. 41 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33166

Country

MIAMI DADE

**3. Mailing Office Address**

312A S. W. 12 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33130

Country

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

10/23/1992

**5. FEI Number**

65-0363146

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 93-05**

**7. Name and Address of Current Registered Agent**

Name

RICARDO RODRIGUEZ

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

7025 N. W. 41 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

**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

Date **FEBRUARY 19, 2005**

**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
PTSD	RICARDO RODRIGUEZ	7025 N. W. 41 STREET	MIAMI, FLORIDA 33166
			400047475294 03/01/05--01005--012 **1950.00
			400047475294 03/01/05--01005--013 **215.00
			<i>JK 2/25</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)(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 ADDRESS OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-05

Date

305-487-7700

Daytime Phone #

CR2E081 (01/05)

*February 21, 2005*

*Mr. Sean Toner  
Secretary of State of Florida  
Division of Corporations  
Tallahassee, Florida 32399*

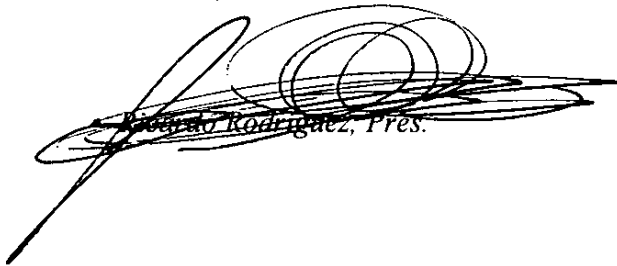
*Dear Mr. Toner:*

*It is with deep appreciation that I submit this reinstatement of my corporation and with apologetic shame of not having realized the status that my corporation was in. If it had not been for my new accountant having explained the status of my corporation which I continue to use and where my accountant explained the annual requirements of filling, its deadline and the due amount this corporation would continue to be dissolved.*

*I am enclosing the amount of \$1,950.00 which constitutes 13 years of payments of \$150.00 for each year since the corporation was involuntarily dissolved in 1993.*

*I thank you for your assistance and understanding in this matter and rest assured that this situation will not repeat again as measures are being taken by myself, now dully informed, and by my accountant who will see that requirements are to be met.*

*Sincerely,*

  
*Roberto Rodriguez, Pres.*