PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 MAR 24 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J69361

1. Corporation Name
MAGIC WHEELS AUTO SALES INC
630 N. FEDERAL HWY
FORT LAUDERDALE FL 33304

Principal Place of Business	Mailing Address
630 N FEDERAL HWY FORT LAUDERDALE FL 33304	8115 LAGOS DE CAMPO BLVD TAMARAC FL

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
1000 S DIXIE HW EAST	5612 LIME HILL RD
Suite, Apt. #, etc. POMPANO BCH #175	Suite, Apt. #, etc. LAUDERHILL
City & State FLORIDA	City & State FLORIDA
Zip 33060 Country BROWARD	Zip 33319 Country BROWARD

4. Date Incorporated or Qualified To Do Business in Florida 4-28-87

5. FEI Number 59-284-8907 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT	DAVE MESTECKY	5612 LIME HILL RD	LAUDERHILL FL 33319
SECRETARY	EVA MESTECKY	5612 LIME HILL RD	LAUDERHILL FL 33319

000002124159--5
03/26/97-01057-003
***1767.50 ***1767.50

3/24/97

REINSTATEMENT 89-97

8. Name and Address of Current Registered Agent OLD

DAVE MESTECKY
8115 LAGOS DE CAMPO BLVD
TAMARAC FL

Name and Address of New Registered Agent

Name: DAVE MESTECKY
Street Address (P.O. Box Number is Not Acceptable): 5612 LIME HILL RD
Suite, Apt. #, Etc.: LAUDERHILL
City: | State: FL | Zip Code: 33319

CR2E040 (12/95)

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: Dave Mestecky
REGISTERED AGENT MUST SIGN
Date: 3-20-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Dave Mestecky 3-20-97 (954) 730-9912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #