

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000022528

Entity Name: MAGIC DUMPSTER, INC.

FILED
Oct 19, 2009
Secretary of State

Current Principal Place of Business:

2020 SE 6TH AVE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

2020 SE 6TH AVE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 26-2102673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVICKAS, GEORGE
2020 SE 6TH AVE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MR. GEORGE P SAVICKAS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAVICKAS, GEORGE
Address: 2020 SE 6TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: VP () Delete
Name: SAVICKAS, SALLY
Address: 2020 SE 6TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: S () Delete
Name: NEWMAN, JIMMY
Address: 706 NW 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33993

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: SAVICKAS, GEORGE P
Address: 2020 SE 6TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE P SAVICKAS

Electronic Signature of Signing Officer or Director

MR.

10/19/2009

Date