

2008 FOR PROFIT CORPORATION REINSTATEMENT



FILED
09 FEB -6 PM 2: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 627335				1. Entity Name MAGIC HOURS CHILD ACHIEVEMENT CENTERS, INC.	
Principal Place of Business 706 W. FIRST STREET SANFORD, FL 32771 US		Mailing Address 706 W. FIRST STREET SANFORD, FL 32771 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1915898	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRAGE, JOHN E 706 W. FIRST STREET SANFORD, FL 32771			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE <i>VP John E Drage</i> <small>Signature, typed or printed name of registered agent (and title if applicable)</small>				2-3-09 <small>DATE</small>	
FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DRAGE, JOANNE R	NAME	000143024750		
STREET ADDRESS	351 N DOVER COURT	STREET ADDRESS	02/06/09--01039--012 **900.00		
CITY-ST-ZIP	HEATHROW, FL 32746	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DRAGE, JOHN	NAME			
STREET ADDRESS	1108 WEBSTER STREET	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DRAGE, THOMAS B	NAME	REINSTATEMENT 08-09		
STREET ADDRESS	351 N DOVER COURT	STREET ADDRESS	<i>2/3/9</i>		
CITY-ST-ZIP	HEATHROW, FL 32746	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>P Thomas B Drage</i>				2-3-09	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
<small>Daytime Phone #</small>					