

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT



**FILED**  
**09 FEB 16 AM 9:43**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

<b>DOCUMENT # 707205</b>	
1. Entity Name <b>FORT LAUDERDALE MAGIC SOCIETY, INC.</b>	
Principal Place of Business C/O MASON LEVY 11811 ROYAL PALM BLVD #204 CORAL SPRINGS, FL 33065	Mailing Address C/O MASON LEVY 11811 ROYAL PALM BLVD #204 CORAL SPRINGS, FL 33065

2. Principal Place of Business - No P.O. Box # <b>3389 SHERIDAN ST</b>	3. Mailing Address <b>3389 SHERIDAN ST</b>
Suite, Apt. #, etc. <b>#536</b>	Suite, Apt. #, etc. <b>#536</b>
City & State <b>HOLLYWOOD FL</b>	City & State <b>HOLLYWOOD FL</b>
Zip <b>33021</b>	Country <b>USA</b>

**REINSTATEMENT 08-09**

4. FEI Number <b>65-0010645</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
LEVY, MASON 11811 ROYAL PALM BLVD #204 CORAL SPRINGS, FL 33065		Name <b>ANDREW FRIER</b> Street Address (P.O. Box Number is Not Acceptable) <b>3389 SHERIDAN ST #536</b> City <b>HOLLYWOOD FL</b> Zip Code <b>33021</b>

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 *Andrew Frier* **ANDREW FRIER** **1/29/09**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$122.50**      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.      **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCAS, WILLIAM 9752 MAJESTIC WAY BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANDREW FRIER 3389 SHERIDAN ST. #536 HOLLYWOOD FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIRSCHKOWITZ, NORMAN 2523 BLUESAGE AVE COCONUT CREEK, FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FRANK IMPARATO 2335 NW 92 AVE CORAL SPRINGS FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEVY, MASON 11811 ROYAL PALM BLVD #204 CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAVID VAN NESS 5141 W OAKLAND PARK BLVD #M211 LAUDERDALE LAKES, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LABUSH, PHIL 9360 NW 39ST SUNRISE, FL 33381 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP <b>100143710651</b> 02/16/09--01047--023 **122.50 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELLY, MICHAEL 9283 VISTA DEL LARGO #37-C BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOROWITZ, MARK 5719 NW 79TH WAY PARKLAND, FL 33067 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Michael Shelly* **MICHAEL SHELLY** **1/29/09**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*m 2/10*