

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 JAN -2 PM 12: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F95000004219

1 Corporation Name

C. Magic Funding Corporation

Principal Place of Business

Mailing Address

500 Mamaroneck Ave. Suite 300

Harrison, NY

10528

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

REINSTATEMENT *96*
DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable

3 New Mailing Address, If Applicable

P.O. Box 466

4 Date Incorporated or Qualified
To Do Business in Florida
9/31/95

Suite, Apt. #, etc

Suite, Apt. #, etc

5 FEI Number

Applied For

City & State

City & State
Harrison, NY

13-3846940

Not Applicable

Zip

Country

Zip

10528

Country

USA

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)

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Michael M. Meadvin	500 Mamaroneck Ave. Suite 300	Harrison, NY 10528
S	Barbara Merson	500 Mamaroneck Ave. Suite 300	Harrison, NY 10528

400002046144--4
-01/06/97-01003-004
***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T Corporation System

1200 South Pine Island Road

Plantation, FL

33324

Name

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

Suite, Apt. #, Etc

City

State

FL

Zip Code

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 1-2-97

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 817, 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 817.0401, 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:

Michael Meadvin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-96 914-381-6508

Date

Daytime Phone #

CR2040 (12/95)