F95000004219

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C T CORROATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
904-222-1092

CORPORATION(S) NAME

C. Magic Funding Corp.

(X) Profit
( ) NonProfit
( ) Limited Liability Company
(X) Foreign

( ) Amendment
( ) Dissolution/Withdrawal
( ) Merger
( ) Mark

( ) Limited Partnership
( ) Reinstatement
( ) Annual Report
( ) Reservation
( ) Other
( ) Change of R.A.
( ) Fictitious Name
( ) CUS/ G/S

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File 1st

CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. C. Magic Funding Corp.
(Name of corporation)

2. Delaware
(State or country under the law of which it is incorporated)

3. August 23, 1995
(Date of Incorporation)

4. Perpetual
(Duration)

5. Applied For
(Federal Employer Identification number, if applicable)

6. Anticipated date: September 30, 1995
(Date first transacted business in Florida)

7. P.O. Box 466, 500 Mamaroneck Avenue, Harrison, New York 10520
(Current mailing address)

8. Own and manage real property
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and address of officers and/or directors:

B. Officers:

President: Michael Meadvin
Address: P.O. Box 466, 500 Mamaroneck Avenue
Harrison, New York 10520

Vice President: Albert J. Cardinali
Address: Thacher Proffitt & Wood
Two World Trade Center, 39th Floor
New York, New York 10048

Secretary: Barbara Merson
Address: P.O. Box 466, 500 Mamaroneck Avenue
Harrison, New York 10520

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. **Name and Street address of Florida registered agent:**

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
Zip Code

11. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T CORPORATION SYSTEM

Registered agent's signature: Margaret Bertosen
(Officer)
MARGARET BERTOSEN
ASSISTANT SECRETARY
(Type Name and Title of Officer)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. J Cardinali
(Signature of Chairman, Vice Chairman or any officer listed in number 9 of the application)

14. Albert J. Cardinali, Vice President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "C. MAGIC FUNDING CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF AUGUST, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Edward J. Freel, Secretary of State

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AUTHENTICATION: 7625075

DATE: 08-30-95

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 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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Harrison, NY
Zip / Country	Zip: 10528 / Country: USA

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

5. FEI Number: 13-3846940 — 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
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

CR2E040 (12/95)

10. I being appointed the registered agent of the above named corporation, accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Connie Bryan — CONNIE BRYAN, SPECIAL ASSISTANT SECRETARY — Date: 1-2-97
REGISTERED AGENT MUST SIGN

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 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: Michael Meadvin — 12-19-96 — 914-381-6508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #