

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 17 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # JS3545

1. Corporation Name

Imagica Entertainment, Inc.

2. Principal Office Address

221 Goolsby Blvd.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip
33442

Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

REINSTATEMENT 01-24

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-21-87

5. FEI Number

592762999

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jena Hamm

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

221 Goolsby Blvd.

Suite, Apt. #, Etc.

900038037089

06/17/04--01012--002 **1218 75

City

Deerfield Beach FL 33442

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Jena Hamm

Date 6/2/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	R. Harold Alvarez	221 Goolsby Blvd.	Deerfield Beach, FL 33442
ST	R. Harold Alvarez	221 Goolsby Blvd.	Deerfield Beach, FL 33442
D	R. Harold Alvarez	221 Goolsby Blvd.	Deerfield Beach, FL 33442

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. 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:

R. Harold Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/04

Date

Daytime Phone #

CR2E081 (01/04)