

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 15 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K29111 (7)

1. Corporation Name

MAGIC STAR INC

2. Principal Office Address

60 SE 3rd Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

60 SE 3rd Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/22/88

5. FEI Number

65-0065495

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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04/25/02--01006--010

\*\*\*\*300.00 \*\*\*\*300.00

7. Name and Address of Current Registered Agent

Name

SANTANA, FRANCIS

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

28 west Flagler st #

Suite, Apt. #, Etc.

500

City

Miami

State  
FL

Zip Code

33130

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

Date

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
	D Pinto, JORGE	1775 Washington, Ave # 11F	Miami Beach FL 33139
	D. VILLA. NELSON	1775 Washington, Ave # 11F	Miami Beach FL 33139

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)(i), 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:

Nelson Villa. NELSON VILLA 4-12-02(305)3733763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

x 4/23/02