

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 06000 110 901

1. Limited Liability Company's Name

Cmagik

2. Principal Office Address - No P.O. Box #

581 Rountree Drive

Suite, Apt. #, etc.

City & State

Longboat Key, Florida

Zip

34228

Country

USA

3. Mailing Office Address

581 Rountree Drive

Suite, Apt. #, etc.

City & State

Longboat Key, Florida

Zip

34228

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

1-29-2004

6. FEI Number

56-2429245

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Courtney Williams

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

581 Rountree Drive

Suite, Apt. #, Etc.

City

Longboat Key

State

FL

Zip Code

34228

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Courtney Williams

REGISTERED AGENT MUST SIGN

Date

9-10-14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Owner	Courtney Williams	581 Rountree Drive	Longboat Key, FL 34228

11. E-mail Address: CmagikLLC@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that, when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Courtney Williams

Date

9-10-14

Daytime Phone #

941-383-3878

Typed or printed name of signing Authorized Representative/Manager

COURTNEY M. WILLIAMS