

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine James  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB -2 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L 94567

1. Corporation Name

Magic Homes and Development, Inc.

2. Principal Office Address

4960 Mikeal Lane

Suite, Apt. #, etc.

City & State

St. Cloud, FL

Zip

34771

Country

Osceola

3. Mailing Office Address

4960 Mikeal Lane

Suite, Apt. #, etc.

City & State

St. Cloud, FL

Zip

34771

Country

Osceola

4. Date Incorporated or Qualified  
To Do Business in Florida

08/17/90

5. FEI Number

59-3028074

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

Al J. Bernetti

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

4960 Mikeal Lane

Suite, Apt. #, Etc.

St. C

City

St. Cloud

State  
FL

Zip Code

34771

500003676965-6

-02/13/01-01071-014

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

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

*Al J. Bernetti*

Al J. Bernetti

REGISTERED AGENT MUST SIGN

Date January 30, 2001

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/D	Al J. Bernetti .	4960 Mikeal Lane	St. Cloud, FL 34771
			KE

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:

*Al J. Bernetti*

Al J. Bernetti

January 30, 2001 407-891-0701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

282

# **MAGIC HOMES & DEVELOPMENT, INC.**

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Certified Mail # 7000 0520 0014 4634 6026

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

RE: Magic Homes & Development, Inc.  
Document# L 94567  
EIN# 59-3028074

To Whom It May Concern:

I spoke with a representative and ordered the reinstatement application on January 22, 2001 and she suggested I write this letter.

Please reinstate the above referenced corporation. A change of address was noted on the 1999 Uniform Business Report (UBR), but was not changed in Tallahassee. Therefore, the 2000 UBR went to the old address. I am aware that we are responsible in filing this form even though a mistake was made, however, I am asking if you would please waive, one time only, the reinstatement fee.

Enclosed is \$300.00 for the 2000 and 2001 Uniform Business Report (UBR).

I appreciate your kindness in this matter.

Sincerely,



Al J. Bernetti  
President

AJB/nlp  
Enclosures