

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 NOV -7 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005429

**1. Corporation Name**

MAGICITY FOUNDATION, INC.

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

5020 SILVER STAR RD

Suite, Apt. #, etc.

SUITE C

City & State

ORLANDO FL

Zip

32808

Country

ORANGE

**3. Mailing Office Address**

5020 SILVER STAR RD

Suite, Apt. #, etc.

SUITE C

City & State

ORLANDO, FL

Zip

32808

Country

ORANGE

300137736993  
11/07/08--01016--011 \*\*297.50  
CR2E081 (10/08)

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

08/01/2001

**5. FEI Number**

59-3738346

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

GARY A SIPLIN

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

1434 N. PINE HILLS RD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32808

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

*(Signature)*

Date 11-5-08

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	JOHNNY DAWSON	7306 Whitewater CT	ORLANDO, FL 32835
D	George Siplin	7040 Talbot DR	ORLANDO, FL 32819
D	Rebecca Lucas	4838 Sandbar Willow CT	Orlando, FL 32808
D	Jon EASON	4431 Raleigh ST	ORLANDO, FL 32811
REINSTATEMENT 07-08 KS			

**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 contained in Chapter 119, 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:

*(Signature)*

GARY SIPLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-08

Date

954-494-9209

Daytime Phone #