PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JAN 13 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N40453**

1. Corporation Name

MAGIC DRUM AND BUGLE CORPS, INC.

Principal Place of Business	Mailing Address
2322 RODT DR ORLANDO FL 32835 US	2322 RODT ORLANDO FL 32835 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 1999

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2498 Econ Cir.	2498 Econ Cir.
Suite, Apt. #, etc.: 106	Suite, Apt. #, etc.: 106
City & State: Orlando FL	City & State: Orlando FL
Zip: 32817 Country: USA	Zip: 32817 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: ~~10/19/1990~~

5. FEI Number: 59-2985544 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~DT~~ P/D	BARRIEDO, JERRY	~~165 HOLDERNESS DR~~ 1290 Oakford Place	~~LONGWOOD FL 32779~~ Oviedo, FL 32765
~~VD~~ T/D	~~HILL, TIMOTHY~~ Shields, Lee	~~1675 BUENA VISTA DRIVE~~ 1604 White Dove Drive	~~LAKE BUENA VISTA FL 32830~~ Winter Spgs, FL 32708
~~D~~ D	~~DASH, JAMES~~ Ellis, Ronald	~~1637 E. ROBINSON ST.~~ 2498 Econ Cir #106	~~ORLANDO FL 32835~~ Orlando, FL 32817
~~P~~ VP/D	~~STEVENS, JEN~~ Foley, John	~~4609 ROSE OF JERICHO CT~~ 6103 Crystal View Dr	~~ORLANDO FL 32808~~ Orlando, FL 32819
~~DT~~	~~BARRIEAU, JERRY~~	~~165 HOLDERNESS DR~~	~~LONGWOOD FL 32779~~
			300003130913--8 -02/10/00--01036--014 ****236.25 ****236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~VALENTINE, TERESA~~ ~~2322 ROAT DR~~ ~~ORLANDO FL 32835~~	Name: Ronald Ellis Street Address (P.O. Box Number is Not Acceptable): 2498 Econ Cir. #106 Suite, Apt. #, Etc.: City: Orlando State: FL Zip Code: 32817

CR2E040 (8/99)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 1/10/00
REGISTERED AGENT MUST SIGN

11. 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: _____ 1/10/00 407 679-1575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #