

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N40453**

1. Corporation Name

MAGIC DRUM AND BUGLE CORPS, INC.

Principal Place of Business

5
248 ABELIA DRIVE
ORLANDO FL 32819
US

Mailing Address

PO BOX 690426
ORLANDO FL 32869-9426
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
TD	BARRIEDO, JERRY	1290 OAKFORD PLACE	OVIEDO FL 32765
TD	SHIELDS, LEE	1604 WHITE DOVE DRIVE	WINTER SPRINGS FL 32708
B	ELLIS, RONALD	2498 ECON CIRCLE	ORLANDO FL 32817
VD	FOLEY, JOHN	6103 CRYSTAL VIEW DR.	ORLANDO FL 32819
BT	Heberling, Tim	5248 Abelia Dr	Orlando, FL 32819
D	Rob Owens	238 Celebration Blvd.	Celebration, FL 34747

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

5
HEBERLING, TIMOTHY
248 ABELIA DRIVE
ORLANDO FL 32819

Name

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

RELEASED

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10-12-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-12-01

407-539-1570

CR2640 (8/01)