PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

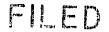
DIVISION OF CORPORATIONS

DOCUMENT # P00000047475

1. Comoration Name

MAGIC HEALTH CORP.

al Place of Business	Mailing Addre
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SLE IAL) OF STATE TALLATA SEE, FLORIDA

Principal Place of Business	Mailing Add	Iress	-	Â,		
1800 S.W. 27TH AVE SUITE 400	1800 S.W. 2	77TH AVE., SUITE 400	, /	r inin		3 () 1 86 () 3(3 () 2 030 (8 ()) (32)
MIAMI FL 33145	MIAMI FL 3:					
		-				
If above addresses are incorrect in any way, line thr	ough incorrect	information and ente	r correction helow	PEN	STATEMEN	2002
2. New Principal Office Address, If Applicable 1800 Sw 27th AVE	3. New Mai	ailing Office Address, If Applicable 4. Date Incorporated or Qualified				
Suite, Apt. #, etc.	Suite, Apt. #	To Do Business in Florida 05/12/2000		5/12/2000		
City & State		300		5. FEI Numb	er	Applied For
HIAMI, FL	City & State	♥ 1 03-100/136 1 1 1 1 1 1 1 1 1 		Not Applicable		
Zip 33145 Country	Zip	Count	try	6. CERTIFICAT	E OF STATUS DESIRED 38.7	5 Additional Fee required
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Title(e) Name of Officers			reet Address of Each	st 3 directors)	1	
1 2 and/or Directors			fficer and/or Director			
PSTD MALOUF, CARMEN		1890 SW 27 AV	E	MIAMI FL 33145		
1800 SW 27 AVE # 300 MIANI, EL 33145						
	- 1 200 HIKIN, HT 921 12					
					•	
	800009577898					
		800003577838 12/18/0201045006 **750.00				
ļ						
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent					jent	
MALOUF, CARMEN	MALOUF, CARMEN MALOUF, CARMEN				. 68	
JEFFERSON AVE #1 Street Address (P.O. Box Number is Not Acceptable)						
MALOUF, CARMEN JEFFERSON AVE #1 MIAMI BEACH FL 33139 MALOUF, CARMEN Street Address (P.O. Box Number is Not Acceptable) 1800 Sw 27 Ave Suite, Apt. #, Etc.						
300						
City HUAN FL State Zip Code FL 33145						
0. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.						
	n+		and doespt the oblig	falloris of Section	in 607.0505, F.S. or 617.0505,	F.S.
ignature of SIGNATURE SEQUIRED 12/12/02						
REGISTERED AGENT MUST SIGN Date						
1. 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 filling						
owed by the corporation have been paid and the names of individuals listed on this form of the corporation have been paid and the names of individuals listed on this form.						
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

12/12/02

Date