

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 17 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000047475

1. Corporation Name

MAGIC HEALTH CORP.

Principal Place of Business

1800 S.W. 27TH AVE., SUITE 400
MIAMI FL 33145

Mailing Address

1800 S.W. 27TH AVE., SUITE 400
MIAMI FL 33145



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

2. New Principal Office Address, If Applicable

1800 SW 27th AVE

Suite, Apt. #, etc.

300

City & State

MIAMI, FL

Zip 33145

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

300

City & State

Zip

Country

REINSTATEMENT 2002

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/2000

5. FEI Number

65-1007136

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	MALOUF, CARMEN	1890 SW 27 AVE	MIAMI FL 33145
		1800 SW 27th AVE # 300	MIAMI, FL 33145

8000009577898
12/18/02--01045--006 **750.00

8. Name and Address of Current Registered Agent

MALOUF, CARMEN
JEFFERSON AVE #1
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

MALOUF, CARMEN

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

1800 SW 27th AVE

Suite, Apt. #, Etc.

300

City

MIAMI, FL

State

FL

Zip Code

33145

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/12/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/12/02

CR2E040 (8/02)