

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 14 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067483

1. Corporation Name

MAGIK OF SOUTH FLORIDA, INC.

Principal Place of Business

3848 N UNIVERSITY DRIVE
SUNRISE FL 33351

Mailing Address

2431 BAHAMA DRIVE
MIRAMAR FL 33023

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

07/12/2000

5. FEI Number

65-1032460

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
D	CERULLO, ETHEL	3848 NORTH UNIVERSITY DRIVE	SUNRISE FL 33151
D	SMITH, EILEEN	3848 NORTH UNIVERSITY DRIVE	SUNRISE FL 33151

100008666561
10/29/02--01070--006 **150.00

8. Name and Address of Current Registered Agent

GOLDSTONE, RICHARD
2400 WEST CYPRESS CREEK ROAD
SUITE 100
FORT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

Ethel Cerullo

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

2431 Bahama Drive

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33023

CR2E040 (8/02)

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

Ethel Cerullo
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/24/02

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

Ethel Cerullo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/02

Daytime Phone #

- Do Not Remove from PG 1 -

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Magik of South Florida
3848 N. University Drive
Sunrise, FL 33351
954-747-8313
P00000067483
10/24/02

Divisions of Corporations
Secretary of State
Jim Smith

Dear Sir,

I am writing you to let you know that I didn't receive the first two notices. When I

~~received this cancellation notice I realized I didn't receive my application of renewal.~~

Please accept my renewal and fee

Sincerely

Ethel Cerullo
President and registered Agent

