

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 17 AM 9:50

DOCUMENT # P00000069915

1. Corporation Name

MAGIC TOUCH SPECIALTY CLEANING, INC.

Principal Place of Business

3843 Regents way  
OVIEDO FL 32069  
32765

Mailing Address

3843 Regents way  
OVIEDO FL 32069  
32765



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

07/19/2000

5. FEI Number

59-3657445

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
D	SANCHEZ, JOSEPH	3843 Regents way OVIEDO FL 32069	OVIEDO FL 32069 32765

800004740518--0

-12/27/01--01017--001

\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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

10/15/01

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 #

12/2/01

*Zed*

MAGIC TOUCH SPECIALTY CLEANING, INC.

3843. Regents Way

Oviedo, FL 32765

PHONE 407-376-7101, 407-376-  
7102

FAX 407-359-2964

*Lynnettsanchez32@worldnet.att.net*

October 26, 2001

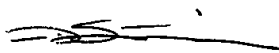
Florida Department of State  
Secretary of State  
Division of Corporations  
Attn: Katherine Harris

Dear Mrs. Katherine Harris,

As of today, please reinstate my corporation. I did not receive prior notice of any kind before this notification of administrative dissolution. Please note the change of address of the business, corrected in the form.

Should you require any additional information, please contact me at any time.

Thank you,

  
Joseph Sanchez  
Owner