

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 24 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000109253
1. Corporation Name
IT Magic, Inc.

400028065174
02/02/04--01104--027 **150.00

2. Principal Office Address 7162 Copperfield Cir. Suite, Apt. #, etc. City & State LAKE WORTH FL Zip 33467 Country PALM BEACH		3. Mailing Office Address 7162 Copperfield Cir. Suite, Apt. #, etc. City & State LAKE WORTH FL Zip 33467 Country PALM BEACH	
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REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 165-1057899 **Applied For** Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$6.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name: Terry Kirschner
Street Address (P.O. Box Number is Not Acceptable): 7162 Copperfield Circle
Suite, Apt. #, Etc.:
City: Lake Worth
State: FL Zip Code: 33467

400029295824
02/24/04 01021 004 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: T. KIRSCHNER Date: 2/12/04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D.	Kirschner, Terry	7162 Copperfield Cir	Lake Worth FL 33467

10. 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: Terry Kirschner  1/15/04 561-967-1024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (10/02)



January 21, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: IT Magic, Inc. Reinstatement Request

Dear Sir or Madam:

I am writing this letter to reinstate my business, IT Magic, Inc., which I just found out was governmentally dissolved without my knowledge.

Because I work out of my home, my business address in 2003 was also my home address where I previously resided with my ex-wife. I moved out of the home and changed my mailing address early in 2003, however, I did not receive any notice to file the 2003 annual reports. They were either not forwarded to my new address or my ex-wife intercepted them and did not make it to me in my new home.

Please accept this check in the amount of \$150.00 to reinstate my business and note my new mailing address listed at the bottom of the page.

Thank you for your kind assistance in this matter.

Sincerely yours,


Terry Kirschner