## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P01000078395

Entity Name: FLORIDA MAGIC AUTO, INC.

**FILED** Sep 20, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** P O BOX 290474 4132 N. 50TH ST TAMPA, FL 33687 TAMPÁ, FL 33619 **Current Mailing Address: New Mailing Address:** P O BOX 290474 TAMPA, FL 33857 FEI Number: 65-1129205 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALREFAIE, ANTHONY 9209 KNIGHTBRANCH RD TAMPA, FL 33637 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: ANTHONY ALREFAIE Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ALREFAIE, ANTHONY Name: Name: P O BOX 290474 Address: Address: City-St-Zip: TAMPA, FL 33687 City-St-Zip: ( ) Delete Title: SD Title: () Change () Addition Name: REFAIE, NICK Name: P O BOX 290474 Address: Address: TAMPA, FL 33687 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICK REFAIE SD 09/20/2007