

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

U3R

DOCUMENT # P01000082482

1. Corporation Name

MAJIC CORP.

Principal Place of Business

418 63 AVENUE SOUTH
ST PETERSBURG FL 33705

Mailing Address

418 63 AVENUE SOUTH
ST PETERSBURG FL 33705

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	08/20/2001
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For
City & State	City & State	59-3741904	Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	CONNER, JERRY L	418 63 AVENUE SOUTH	ST PETERSBURG FL 33705
D	LAURINO, MARIE L	3201 TRIDENT TERR	NEW PORT RICHEY FL 34652
			9000008701639
			10/30/02--01085--013 **150.00

8. Name and Address of Current Registered Agent

CONNER, JERRY L
418 63 AVENUE SOUTH
ST PETERSBURG FL 33705

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code

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

Jerry L. Conner
REGISTERED AGENT MUST SIGN

Date

10/28/02

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: *Marie L. Laurino* *Marie D. Laurino* 10/28/02 727-399-9983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

October 23, 2002

Divisions of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

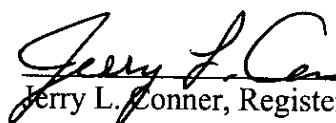
Re: Reinstatement of For-Profit Corporation

To Whom It May Concern:

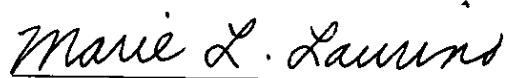
Please accept this letter as formal notification that this Corporation does not recall receiving the UBR notices for keeping the status of MAJIC Corp. current.

It is the intent of the Registered Agent and the Director to have MAJIC Corp. reinstated as a for-profit agency. A check in the amount of \$150.00 is enclosed for that purpose.

Regards,



Jerry L. Conner, Registered Agent



Marie L. Laurino, Director