

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC -6 PM 2:24

FILING CANCELLED
RETURNED CHECK

DOCUMENT # P01000087382

1. Corporation Name

EARTH MAGIC, INC.

REINSTATEMENT 03-11

2. Principal Office Address - No P.O. Box #

2525 Ponce De Leon Blvd.,

Suite, Apt. #, etc.

3. Mailing Office Address

2525 Ponce De Leon Blvd.,

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2001

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GUILLERMO HENAO

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

2525 Ponce De Leon Blvd.,

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

700214967277
12/07/11--01025--006 **1950.00

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

REGISTERED AGENT MUST SIGN

Date DEC 2, 2011

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
P	HUI, PEGGY	175 SW 7th Street	Miami, FL33130
VP	ZINGALE, DAVID	175 SW 7th Street	Miami, FL33130
T	GOMZALEZ, TOMAS	175 SW 7th Street	Miami, FL33130
S	IZQUIERDO, ENRIQUE	175 SW 7th Street	Miami, FL33130

CC 12/18

10. E-mail Address: PUBLICACCOUNTING@ATT.NET

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC 2, 2011 3054542010

Date

Daytime Phone #