

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P01000095715**

1. Corporation Name

**MAGIC2MOTIVATE, INC.**

Principal Place of Business

**324 TYLER AVENUE  
CAPE CANAVERAL FL 32920**

Mailing Address

**324 TYLER AVENUE  
CAPE CANAVERAL FL 32920**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/01/2001**

5. FEI Number

Applied For

**EIN: 59-3747253**

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	HEIFNER, STEVEN L	324 TYLER AVENUE	CAPE CANAVERAL FL 32920
D	GOLD, DAINA	324 TYLER AVENUE	CAPE CANAVERAL FL 32920

8. Name and Address of Current Registered Agent

**HEIFNER, STEVEN L  
324 TYLER AVENUE  
CAPE CANAVERAL FL 32920**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10-21-02**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-21-02**

Daytime Phone #

**321-799-1634**

FILED

02 OCT 24 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**600008569836**

10/24/02--01045--021 \*\*150.00

CR2040 (8-02)

# **magic2motivate, inc.**

**The Secrets of Motivational Magic**

**Steve Hart**

[www.magic2motivate.com](http://www.magic2motivate.com)

[info@goldandhart.com](mailto:info@goldandhart.com)

324 Tyler Avenue

Cape Canaveral, Florida 32920 USA

(321) 799-1634

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32324-6327

Oct. 21, 2002

Dear Sirs,

Our corporation just received a notice of dissolution.

We do not wish to dissolve this corporation, magic2motivate, Inc.

We have not received prior UBR notices.

Enclosed, a completed application for reinstatement and a check for \$150.00 to file the report.

Thank you for your assistance.

Steve Heifner



Magic2motivate, Inc. title: CD