


P910F2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

06 MAY 15 AM 11:28

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P01000101953

1. Corporation Name

MAGIC AUTO REPAIR AND SERVICES, INC.

W06 - 17318

2. Principal Office Address 301 E OAK RIDGE RD	3. Mailing Office Address 301 E OAK RIDGE RD
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32809

Country
USA

Zip
32809

Country
USA

REINSTATEMENT 04-06
COR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 10/22/2001

5. EEL Number
59-3759920

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
EDNER JOSEPH

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

301 E OAK RIDGE Rd

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32809

600075268526

05/25/06--01018--006 *** 50.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 04-22-06

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	EDNER JOSEPH	301 E OAK RIDGE RD	ORLANDO, FL 32809

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 contained in Chapter 119, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/06

Date

407-851-6012

Daytime Phone #

pg 2 of 2

MAGIC AUTO REPAIR AND SERVICES, INC.

301 E. Oak Ridge Rd.
Orlando, FL 32809
Phone. 407-851-6012

April 04, 2006

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement
Document No. P01000101953

This letter is to let you know that I am enclosing a payment of \$450.00 to reinstate Magic Auto Repair & Services, Inc. Please note that we never received a reminder note in the mail back in 2004.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Edner Joseph
President