PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 12 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094393

REINSTATEMENT 03-04

1. Corporation Name
IT'S MAGICAL, INC.
5001 EAST SENECA AVE

2. Principal Office Address	3. Mailing Office Address
5001 EAST SENECA AVE	5001 E SENECA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33617 Country: USA	Zip: 33617 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 16-1632063 ☐ 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: AFRETTE MILLER
Street Address (P.O. Box Number is Not Acceptable): 5001 EAST SENECA AVENUE
Suite, Apt. #, Etc.:
City: TAMPA State: FL Zip Code: 33617

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E031 (01/01)

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	AFRETTE MILLER	5001 E SENECA AVE	TAMPA FL 33617
VP	ONEIL SAMUELS	16920 NW 19 AVE	Carol City FL 33056
S	RAMON MILLER	5001 E SENECA AVE	TAMPA FL 33617
			600040923045 09/09/04--01025--005 **730.00
			600040923046 10/12/04--01004--017 **178.75

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 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: A Miller 08-30-2004 813-984-1768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/12/04