

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000118565**

1. Corporation Name

CITY MAGIC REALTY CORP.

REINSTATEMENT 03-04



200028633202

02/12/04--01005--030 ***900.00

Principal Place of Business	Mailing Address
8181 NW 36 ST STE 28 MIAMI FL 33166	8181 NW 36 ST STE 28 MIAMI FL 33166
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
Suite, Apt. #, etc.	Suite, Apt. #, etc.	11/05/2002
City & State	City & State	5. FEI Number
Zip	Country	56-2302079
Zip	Country	Applied For
		Not Applicable
		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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	HEREDIA, IVONNE E	8181 NW 36 ST STE 28	MIAMI FL 33166

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145

9. Name and Address of New Registered Agent

Name Ivonne E. Heredia
 Street Address (P.O. Box Number is Not Acceptable) 1603 SW 100 Ave
 Suite, Apt. #, Etc.
 City Miami State FL Zip Code 33165

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 *Ivonne E. Heredia* Date 12/12/03
 REGISTERED AGENT MUST SIGN

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: *Ivonne E. Heredia* 12/12/03 305 599
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 4919

CR2E040 (7/03)