


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 APR 11 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000086040		
1. Entity Name MAGIC CITY INDUSTRIAL & PROFESSIONAL SERVICES, INC.		

Principal Place of Business 15600 SW 288TH STREET #201 HOMESTEAD, FL 33033	Mailing Address 15600 SW 288TH STREET #201 HOMESTEAD, FL 33033
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO Box 924842 Suite, Apt. #, etc.
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City & State PRINCETON FL	City & State PRINCETON FL
Zip 33092	Country USA



REINSTATEMENT

4. FEI Number 20-0262832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUEST, JAMES M % JAMES M. GUEST, CPA, P.A. 15600 SW 288TH STREET #201 HOMESTEAD, FL 33033	
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7. Name and Address of New Registered Agent -	
Name	
Street Address (P.O. Box Number is Not Acceptable)	15600 SW 288TH STREET # 401
City	FL
Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James M Guest, CPA, P.A. DATE: 4/4/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FERGUSON, FRANKLIN 15600 SW 288TH STREET #201 HOMESTEAD, FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200051348692 04/20/05--01007--006 ***300.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Franklin Ferguson DATE: 4/4/05 DAYTIME PHONE: 305-546-6219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR