

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000037491

FILED
Dec 02, 2008
Secretary of State

Entity Name: AIR MAGIC OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

308 LILLY ST
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

P O BOX 450391
KISSIMMEE, FL 34745

New Mailing Address:

FEI Number: 20-0787535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STRANSKY, KELLEY P
308 LILLY ST
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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.

SIGNATURE: KELLEY P STRANSKY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STRANSKY, KELLEY P
Address: 308 LILLY ST
City-St-Zip: KISSIMMEE, FL 34741

Title: V () Delete
Name: STRANSKY, THOMAS
Address: PO BOX 450391
City-St-Zip: KISSIMMEE, FL 34745

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLEY P STRANSKY

PD

12/02/2008

Electronic Signature of Signing Officer or Director

Date