

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000042769

Entity Name: MAGICAL CHARTERS, INC.

FILED
Sep 28, 2005
Secretary of State

Current Principal Place of Business:

5305 ROLLINSFORD CT
TAMPA, FL 33624

New Principal Place of Business:

9113 LAZY LANE
TAMPA, FL 33614

Current Mailing Address:

5305 ROLLINSFORD CT
TAMPA, FL 33624

New Mailing Address:

9113 LAZY LANE
TAMPA, FL 33614

FEI Number: 13-4275596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

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: ZIEGLER, BRUCE
Address: 5305 ROLLINSFORD CT
City-St-Zip: TAMPA, FL 33624

Title: VD () Delete
Name: RUSSO, JAMES
Address: 5305 ROLLINSFORD CT
City-St-Zip: TAMPA, FL 33624

Title: STD () Delete
Name: NEWMAN, JAMES V
Address: 5305 ROLLINSFORD CT
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: BRUCE ZIEGLER

Electronic Signature of Signing Officer or Director

OFF

09/28/2005

Date