

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JUN 21 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000158789

1. Entity Name
MAJIC OF DAVIE, INC.



Principal Place of Business
4700 SW 83RD TERRACE
BAYS 2,3,4,
DAVIE, FL 33328

Mailing Address
4700 SW 83RD TERRACE
BAYS 2,3,4,
DAVIE, FL 33328

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 06-07
04252007 REIN- CR2E098 (1/07)

4. FEI Number
APPLIED FOR 14-1918191

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARR, BRUCE E ESQ.
5121 SW 90TH AVENUE
#3
COOPER CITY, FL 33328

7. Name and Address of New Registered Agent

Name Bruce Barr Esq.
Street Address (P.O. Box Number is Not Acceptable)
501 SW 90th Ave #3
City Cooper City FL Zip Code 33328

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/19/07

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME BARR, IRMA A OFFICER
STREET ADDRESS 4700 SW 83RD TERRACE BAYS 2,3,4
CITY-ST-ZIP DAVIE, FL 33328

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 300104889863
STREET ADDRESS 06/26/07--01047--025 **750.00
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME President
STREET ADDRESS JOSEPH THOMAS
CITY-ST-ZIP 9050 SW 53 Street
Cooper City, FL 33328

TITLE ☐ Change ☐ Addition
NAME 300104889863
STREET ADDRESS 06/26/07--01047--026 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

Daytime Phone

206/22