

2008 FOR PROFIT CORPORATION REINSTATEMENT


FILED

2008 MAR 24 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03102008 REIN-P CR2E098 (1/07)

DOCUMENT # P06000086362			
1. Entity Name SAIL MAGIC, INC.			
Principal Place of Business 12390 SW 82ND AVE MIAMI, FL 33156		Mailing Address 12390 SW 82ND AVE MIAMI, FL 33156	
2. Principal Place of Business - No P.O. Box # 18525 S.W. 89 CT Suite, Apt. #, etc.		3. Mailing Address 18525 S.W. 89 CT Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33157		Zip 33157	
Country Miami-Dade		Country Miami-Dade	
4. FEI Number 03-0600607		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John L. Duvas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 18525 S.W. 89th COURT Miami, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400121315594 03/26/08--01004--021 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/16/07 90085 020 \$158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2007-08
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>John L. Duvas</u> <u>John L. Duvas</u> 3/11/08 (305) 986-8874 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

Sail Magic, Inc.
John L. Dudas, President
18525 S.W. 89th Court
Miami, Florida 33157

Reinstatement Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Sail Magic, Inc.
Document # P06000086362

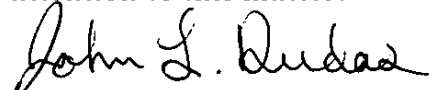
Attached herewith please find the following documents, to-wit:

- A. 2008 FOR PROFIT CORPORATION REINSTATEMENT.
- B. A check for \$150.00.
- C. Copies of the 2007 FOR PROFIT CORPORATION ANNUAL REPORT, which was paid with check # 1002 \$158.75 which cleared my bank on April 23, 2007.

I spoke today with one of your representatives, who informed me, that a corrections letter was sent to me, back in April of 2007, because on my original form, I failed to list the corporation's Federal I.D. number. I never received such a letter, therefore, I had no prior notice of the problem. Further, the check that I sent, payable to Florida Department of State, was promptly cashed, which led me to believe that everything was in order. This letter has been prepared, following the instructions received by your most courteous representative.

I respectfully request that you waive all penalties, and use a portion of the money which was previously paid by me (check # 1002 \$158.75) to issue a "Certificate of Status."

Please contact me if you need any further information. Thank you for your prompt attention to this matter.


John L. Dudas, President