

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000127601 1. Entity Name BIZ MAGIK, INC.						<div style="text-align: center;">FILED</div> <div style="text-align: center;">07 OCT 18 AM 10:35</div> <div style="text-align: center;">CLERK OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 2700 RIVERSIDE DRIVE #201B CORAL SPRINGS, FL 33065 US				Mailing Address 2700 RIVERSIDE DRIVE #201B CORAL SPRINGS, FL 33065 US			
2. Principal Place of Business - No P.O. Box # 1451 Cypress Creek Rd		3. Mailing Address 1451 Cypress Creek Rd		 REINSTATEMENT 10/18/07 10:35 AM 098 (1/07)			
Suite, Apt. #, etc. Ste 88		Suite, Apt. #, etc. Ste 88					
City & State Ft. Lauderdale FL		City & State Ft. Lauderdale FL					
Zip 33319		Country		Zip 33319		Country	
4. FEI Number 141979393				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent BRAUN, MARK D 2700 RIVERSIDE DR. 201B CORAL SPRINGS, FL, FL 33065				7. Name and Address of New Registered Agent Name BRAUN, MARK D. Street Address (P.O. Box Number is Not Acceptable) 1451 Cypress Creek Rd # 88 City Ft. Lauderdale FL Zip Code 33319			
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 \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES BRAUN, MARK D 2700 RIVERSIDE DR. #201B CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;">600111014296</div> <div style="text-align: center;">10/19/07 01053-014 **150.00</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRAUN, GLORIA P 2700 RIVERSIDE DR. #201B CORAL SPRINGS, FL 33065 <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	<div style="text-align: center; font-size: 2em;">\$710/22</div> <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	<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	<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							