

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000102634

**Entity Name:** MAGIC-MED SERVICES, INC.

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4233 CENTERGATE LN  
APT 10-202  
ORLANDO, FL 32814 60

**New Principal Place of Business:**

**Current Mailing Address:**

4233 CENTERGATE LN  
APT 10-202  
ORLANDO, FL 32814 60

**New Mailing Address:**

**FEI Number:** 26-3737684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INFANTE, NEREYDA  
4233 CENTERGATE LN  
APT 10-202  
ORLANDO, FL 32814 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: NEREYDA INFANTE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: INFANTE, NEREYDA  
Address: 4233 CENTERGATE LN, APT 10-202  
City-St-Zip: ORLANDO, FL 32814 60

I hereby 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 all other like empowered.

SIGNATURE: NEREYDA INFANTE

P

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date