

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000065919

**FILED**  
**Oct 10, 2013**  
**Secretary of State**

**Entity Name:** MAGIC MARCITE, INC.

**Current Principal Place of Business:**

2402 CLARK STREET  
UNIT 1  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

2402 CLARK STREET  
UNIT 1  
APOPKA, FL 32703 US

**New Mailing Address:**

**FEI Number:** 59-3204607      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHROCK, WILLIAM  
2402 CLARK STREET  
UNIT 1  
APOPKA, FL 32703 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: WILLIAM SHROCK

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** SHROCK, WILLIAM  
**Address:** 2402 CLARK STREET  
**City-St-Zip:** APOPKA, FL 32703 US

**Title:** STR  
**Name:** SHROCK, NANCY  
**Address:** 2402 CLARK ST., UNIT 1  
**City-St-Zip:** APOPKA, FL 32703 US

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: WILLIAM SHROCK

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

PRES

10/10/2013

\_\_\_\_\_  
Date