11/01/96 16:49 ☎407 841 8171 GILES & ROBINSON ---> GUY ...

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
96 NOV 26 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000080797

Corporation Name

Magic Touch International, Inc.

Mailing Address

P.O. Box 570130
Miami, FL 33257-0130

*Principal Place of Business

REINSTATEMENT 96

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, if Applicable
P.O. Box 570130
Suite, Apt. #, etc.
City & State
[redacted], Florida
Zip
33257-0130
Country
USA

3. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
[redacted], Florida
Zip
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida: November 8, 1993

5. FEI Number: 59-3212224 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/T	Jean-Claude Abecassis	*8600 South West 184 Lane	*Miami FL 33157

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-12/04/96--01001--007
****383.75 ****383.75

11-27-96

8. Name and Address of Current Registered Agent

Jean-Claude Abecassis
8600 South West 184 Lane
Miami, FL 33157

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent * REGISTERED AGENT MUST SIGN — Date: 11/15/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (See other side for information on intangible tax.)

I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. To induce the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access, I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Further, county fees when filing this reinstatement application for which dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 and 617.0401, F.S.; and that all taxes owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: * Jean-Claude Abecassis, President 11/15/96