

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P93000080797
 1. Corporation Name **Magic Touch International, Inc.**

FILED
 98 MAR 30 AM 7:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business * 7380 SAND LAKE RD #500 ORLANDO, FL 32819
Mailing Address * 7380 SAND LAKE RD #500 ORLANDO, FL 32819

REINSTATEMENT 97-98

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

2. New Principal Office Address, if Applicable: * 7380 SAND LAKE RD #500 ORLANDO, FL 32819
 3. New Mailing Office Address, if Applicable: * 7380 SAND LAKE RD #500 ORLANDO, FL 32819

4. Date Incorporated or Qualified To Do Business in Florida **November 8, 1993**
 5. FEI Number **59-3217224**
 6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P/S/E	Jean Claude Abecassis	* 7380 SAND LAKE RD Suite 500	ORLANDO FL 32819
			600002477116-8 -04/02/98-01082-009 ***908.75 ***908.75

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 **Jean Claude Abecassis**
 Street Address (P.O. Box Number, if Not Acceptable) * **7380 SAND LAKE RD**
 Suite, Apt. #, Etc. **# 500**
 City **ORLANDO** State **FL** Zip Code **32819**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.
 Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN **SIGN HERE** Date: _____

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

12. 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. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. 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: *[Signature]* **President** 08/23/98
 SIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECTOR Date Daytime Phone #