

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 NOV 16 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083315

1. Entity Name
MAGIC PRINT, INC.



Principal Place of Business Mailing Address
1130 NW 159 DR 1130 NW 159 DR
MIAMI, FL 33169 US MIAMI, FL 33169 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

10302006 REIN-P CR2E098 (11/05)

4. FEI Number 65-0459911 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTARROYOS, EGBERTO L
163 SW 204 AVE
PEMBROKE PINES, FL 33029

Name Edilberto Montarroyos
Street Address (P.O. Box Number is Not Acceptable)
7361 NW 174 TERR # F-103
City MIAMI FL Zip Code 33015

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 *[Signature]* DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, 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

TITLE PD
NAME MONTARROYOS, EGBERTO L
STREET ADDRESS 163 SW 204 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE SD
NAME MONTARROYOS, EDILBERTO
STREET ADDRESS 163 SW 204 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000081984910
11/21/06--01036--002 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7361 NW 174 TERR # F-103
MIAMI, FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30/31/06 305-620-6303
Date Daytime Phone #