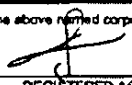
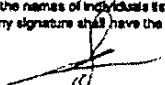


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000021310					
1. Corporation Name Magic Center, Inc.					
2. Principal Office Address - No P.O. Box # 1201 N State Road 7			3. Mailing Office Address 1872 NW 93 Terr		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Lauderhill, FL			City & State Plantation, FL		
Zip 33313	Country	Zip 33322	Country	4. Date Incorporated or Qualified To Do Business in Florida 03/14/1994	
				5. FEI Number Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED ☐ 607.0505 or 617.0503, F.S.	
7. Name and Address of Current Registered Agent Doron Dahan Street Address (P.O. Box Number is Not Acceptable) 1872 NW 93 Terr Suite, Apt. #, Etc. Plantation State FL Zip Code 33322				☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent  Date 8/24/07 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P/D	Doron Dahan	1872 NW 93 Terr		Plantation, FL 33322	
10. 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 fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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:  Date 8/24/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

REINSTATEMENT 95-07
CR2006-11/07

WOF

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08/27/07--01048--010 **\$285.00