


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE |
| | | Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |

FILED

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DOCUMENT # P94000067791

1. Corporation Name

MAGIC PET PRODUCTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

16903 US 19 N
#C
CLEARWATER FL 34624
US

PO BOX 20245
ST. PETERSBURG FL 33742
US

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



REINSTATEMENT

| | | | | | |
|---|--|--|--|---|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. 7101 69 St North | | Suite, Apt. #, etc. | | 09/12/1994 | |
| City & State Pinellas Park, FL | | City & State | | 5. FEI Number 59-3298570 APPLIED FOR | |
| Zip 34665 | | Country US | | Applied For Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | | | \$8.75 Additional Fee required for a Certificate of Status | |

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

| 1. 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 |
|-------------|--------------------------------------|--|--|
| D | ROGERS, BEN E | 653 NE MALTA CT 7101 69 St. North | ST. PETERSBURG FL Pinellas Park, FL 34665 |
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|--|--|--|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| ROGERS, BEN E 653 MALTA COURT NE ST. PETERSBURG FL 33703 | | Name ROGERS, BEN E. Street Address (P.O. Box Number is Not Acceptable) 7101 69 St North Suite, Apt. #, Etc. City Pinellas Park State FL Zip Code 34665 | |

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 | 7-30-98 |
|-------------------------------|----------------------------|------|---------|

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 fees 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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7-30-98 Daytime Phone #

CR2E040 (7/96)