PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

600001999946--9
-11/08/96--01019--020
***375.00 ***375.00

REINSTATEMENT 96.00

DOCUMENT # P95000034066

1. Corporation Name

MAGIC MOVERS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
119 GAIL LA RUE FT. WALTON BEACH FL 32547	119 GAIL LA RUE FT. WALTON BEACH FL 32547

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3404 Orchard Wood Rd	3404 Orchard Wood Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City, Fl.	City & State: Panama City Fl.
Zip: 32405 County: USA	Zip: 32405 County: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/01/1995

5. FEI Number: 59-3312476 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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	EDWARDS, JERRY W JR.	3404 ORCHARD WOOD RD.	PANAMA CITY FL 32405
D	STAR, GARY S	119 GAIL LA RUE	FT. WALTON BEACH FL 32547
D	STAR, LAURA J	119 GAIL LA RUE	FT. WALTON BEACH FL 32547
D	EDWARDS, JEANETTE W	3404 ORCHARD WOOD RD.	PANAMA CITY FL 32405
D	EDWARDS, JERRY W SR	3404 ORCHARD WOOD RD.	PANAMA CITY FL 32405

8. Name and Address of Current Registered Agent

STARR, GARY S
119 GAIL LA RUE
FT. WALTON BEACH FL 32547

9. Name and Address of New Registered Agent

Name: Jerry Edwards
Street Address (P.O. Box Number is Not Acceptable): 3404 Orchard Wood Rd.
Suite, Apt. #, Etc.:
City: Panama City, Fl. State: FL Zip Code: 32405

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: Jerry Edwards SIGNATURE REQUIRED Date: 10-29-96
REGISTERED AGENT MUST SIGN

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: Jerry Edwards SIGNATURE REQUIRED Jerry Edwards 10-29-96 (904) 747-0667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/95)