

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 MAR 14 PM 2:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 915000053018

1. Corporation Name
MAGIC TOURS & TRANSPORTATION
4630 S. KIRKMAN RD. # 312
ORLANDO - FL - 32811-2802

Principal Place of Business Mailing Address
4630 S. KIRKMAN RD. # 312
ORLANDO - FL - 32811-2802

REINSTATEMENT

96-97

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/05/95	
City & State		City & State		5. FEI Number	
Zip		Country		59-3324198	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
PRES.	THOME MADEIRA	5213 PATRICIA DR.	ORLANDO-FL-32819
secky	Taquelina Madeira	12302 Bohannon Blvd	ORL FL. 32824
			000002116200--3
			-03/18/97--01069--011
			****923.75 ****923.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JOHN C. ENGLEHARDT 1524 E. LIVINGSTON ST. ORLANDO - FL -		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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 _____ Date 3/12/97

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 Thome J. Madeira 3.12.97 (407) 2480007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
THOME J. MADEIRA