

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 AM 9:24

DOCUMENT # P95000077968

1. Corporation Name

REGISTRY MAGIC INCORPORATED

Principal Place of Business

6251-B Park of Commerce
Blvd NW
BOCA RATON FL 33432 33487
US

Mailing Address

6251-B Park of Commerce
Blvd NW
BOCA RATON FL 33432 33487
US

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

2. New Principal Office Address, If Applicable

6251-B Park of Commerce
Blvd NW

3. New Mailing Office Address, If Applicable

6251-B Park of Commerce
Blvd NW

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487

Country

USA

Zip

33487

Country

USA

REINSTATEMENT

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5. FEI Number 65-0623427

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PD	CARLEIGH, BRUCE LARRY COHEN	1280 LOMBARD STREET NW 6251-B Park of Commerce Blvd	SAN FRANCISCO CA 94109 BOCA 33487
D	ELDRIDGE, CORNELIA	2100 N. OCEAN BLVD.	FT. LAUDERDALE FL 33305
ST	SCOTT, MARTIN	13 OCEAN BLVD STE 208 6251-B Park of Commerce Blvd	BOCA RATON FL 33432
D	KAYE, DAVID	6251-B Park of Commerce Blvd.NW, Boca Raton, FL	33487
D	SENN, RENNEY	6251-B Park of Commerce Blvd.NW, Boca Raton, FL	33487

8. Name and Address of Current Registered Agent

SCHNEIDER, JAMES M ESQ
200 EAST LAS OLAS BLVD,
SUITE 1700
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name James M. Schneider
Street Address (P.O. Box Number is Not Acceptable)
350 E. Las Olas Blvd.
Suite, Apt. #, Etc. Suite 1700
City Ft. Lauderdale State FL Zip Code 33301

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/19/00

11. 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

10/18/2000 561-994-3223
Date Daytime Phone #
ext 142

CR2E040 (800)