

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

99 OCT 20 PM 3:07

DOCUMENT # **P95000090854**

1. Corporation Name  
**MAGIC RENT A CAR, INC.**

Principal Place of Business	Mailing Address
2911 MCCOY ROAD ORLANDO FL 32812 US	2911 MCCOY ROAD ORLANDO FL 32812 US



**REINSTATEMENT 99**

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.		11/27/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3356845	
				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	4. City / State / Zip
DP	DEVOOGEL, LISA MARIE	6724 SCIMITAR AVE	ORLANDO FL 82812
D	MILFORDL, COURTNEY W	5102 ROUND TREE COURT	ORLANDO FL 32819
			9000003027269--5 -10/27/99--01097--021 ****750.00 ****750.00
			<i>10/18/99</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DEVOOGEL, LISA MARIE 2911 MCCOY ROAD ORLANDO FL 32812		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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: *Lisa Devoogel* **REQUIRED** Date: 10/18/99  
 REGISTERED AGENT MUST SIGN

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: *Lisa Devoogel* **REQUIRED** Date: 10/18/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR23240 (8/99)