

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000035937

1. Corporation Name

Wizard's Touch, Inc.

Principal Place of Business

3100 College Road
Ocala, FL 34474

Mailing Address

3100 College Road
Ocala, FL 34474

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

451 Altamonte Avenue
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

451 Altamonte Avenue
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/96

5. FEI Number

05-0668160

Applied For

Not Applicable

City & State

Altamonte Springs, Florida

City & State

Altamonte Springs, Florida

Zip

32701

Country

Zip

32701

Country

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)

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
PD	Walter A. Marcondes	375 Palm Spring Dr. #624	Altamonte Spring, Florida 32701

800003171828--1
-03/16/00--01012--009
***300.00 ***300.00

8. Name and Address of Current Registered Agent

Walter A. Marcondes
375 Palm Spring Dr. #624
Altamonte Springs, Florida
32701

9. Name and Address of New Registered Agent

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

Walter A. Marcondes
REGISTERED AGENT MUST SIGN

Date

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.)

KE

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Walter A. Marcondes

WALTER MARCONDES 2/27/00 407-834-2200

CR2E040 (1/2/95)

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MILLENNIA CONSULTING SERVICES, INC.

444 BRICKELL AVE SUITE 750

MIAMI, FL. 33131

PH. NO. (305)373-8808 FAX NO. (305)373-8887

Feb 23, 2000

Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

Ref: Wizard's Touch Inc.

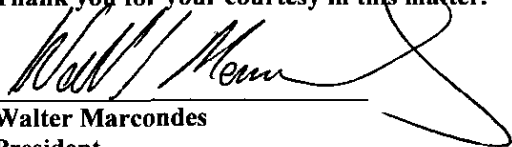
Document no.: P96000035937

To Whom It May Concern:

Per instructions from Division of Corporations, I am attaching a check in the amount of \$300.00 for the annual report fee with application.

I also state that I have not received any notice from the Division of Corporation in respectively my Corporation Wizard's Touch Inc.

Thank you for your courtesy in this matter.



Walter Marcondes
President