

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

98 FEB 23 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000036869**

1. Corporation Name

**MAJIC PRODUCTIONS, INC.**

Principal Place of Business

**952 EAST SEMORAN BLVD.  
CASSELBERRY FL 32707**

Mailing Address

**952 EAST SEMORAN BLVD.  
CASSELBERRY FL 32707**



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

2. New Principal Office Address, If Applicable

**952 East Semoran Blvd**

3. New Mailing Office Address, If Applicable

**952 East Semoran Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Casselberry FL**

City & State

**Casselberry FL**

Zip

**32707**

Country

Zip

**32707**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/29/1996**

5. FEI Number

**59-3383068**

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	HERZ, MICHAEL L	9 HITCHING POST LANE	CASSELBERRY FL 32707
STD	KLODZINSKI, JACK	340 SHADY WOODS ROAD	GENEVA FL 32732

700002440587--3  
-02/25/98--01067--010  
\*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent

**HERZ, MICHAEL L  
9 HITCHING POST LANE  
CASSELBERRY FL**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**2/10/98**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*[Signature]* **MICHAEL L. HERZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/98 (407) 260-8869**

Date

Daytime Phone #

CP25040 (8/97)