

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

10f2  
**FILED**

DOCUMENT # P96000071695

1. Corporation Name

THANASIDES & ASSOCIATES, INC.

Principal Place of Business

5016 HOMER AVENUE  
TAMPA FL 33629

Mailing Address

5016 HOMER AVENUE  
TAMPA FL 33629

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/26/1996

5. FEI Number

59-3493830

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)

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
PSTD	THANASIDES, TONI	5016 HOMER AVENUE	TAMPA FL 33629
<del>D</del>	<del>THANASIDES, PAUL</del>	<del>9003 WOODLAND RIDGE DRIVE</del>	<del>TAMPA FL 33637</del>

500002712555-3  
-12/15/98--01033--020  
\*\*\*\*150.00 \*\*\*\*150.00

B 12/11/98 FOR

8. Name and Address of Current Registered Agent

ALVAREZ, MANUEL J ESQ.  
109 NO BRUSH ST STE 500  
TAMPA FL 33601

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Manuel J Alvarez*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11/17/98

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 617.0403, 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)(f), 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:

*Toni E. Thanasides*  
**TONI E. THANASIDES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Toni E. Thanasides*  
11/17/98  
Date

(813) 839-9226  
Daytime Phone #

TAI

262

**THANASIDES & ASSOCIATES INC.**  
PO BOX 18795 ~ TAMPA, FLORIDA 33679-8795  
Phone 813-839-9242~ Fax 813-353-1187

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
409 EAST GAINES ST.  
TALLAHASSEE, FLORIDA 32399

DEAR SIR OR MADAME,

ENCLOSED YOU WILL FIND A CHECK MADE OUT TO THE DEPT. OF STATE IN THE AMOUNT \$150.00. PLEASE APPLY THIS AMOUNT TO REINSTATE MY CORPORATION.

PER MY CONVERSATION WITH THE STATE DEPT., SHAW LOGAN, I AM NOTIFYING YOU THAT THANASIDES & ASSOCIATES, NOR MY AGENT MANUEL ALVAREZ, DID NOT RECEIVE ANY INFORMATION ON THE ANNUAL FILING NOTICE. AFTER SPEAKING WITH A REPRESENTATIVE WITH THE STATE, HE HAS ADVISED ME TO WRITE A LETTER AND EXPLANATION, ENCLOSING A CHECK FOR THE AMOUNT OF \$150.00.

IT IS MY UNDERSTANDING THAT I NEED TO FILE BY MAY 1st OF NEXT YEAR. YOU WILL BE SENDING THIS INFORMATION DIRECTLY TO THANASIDES & ASSOCIATES INC.. I HAVE ENCLOSED OUR NEW MAILING ADDRESS FOR YOUR CONVENIENCES.

THANK YOU FOR YOUR HELP IN THIS MATTER. PLEASE FEEL FREE TO CONTACT MY OFFICE IF YOU HAVE ANY QUESTIONS, 813-839-9242.

SINCERELY,

*Toni E Thanasides*  
TONI E- THANASIDES

*cc. Manny Alvarez*

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000040395 (1)**

1. Corporation Name  
**MAGIC FINGERS OF AMERICA, INC.**

Principal Place of Business  
**3757 CHASE AVENUE  
MIAMI BEACH FL 33140**

Mailing Address  
**3757 CHASE AVENUE  
MIAMI BEACH FL 33140**

**FILED**

**98 DEC 10 AM 9:17**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	<b>347 14<sup>TH</sup> AVE.</b>	<b>05/09/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				<b>65-0669405</b>	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24		29			
Country		Country			
25		30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ROBBINS, DANIEL 3757 CHASE AVENUE MIAMI BEACH FL 33140</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>P ROBBINS, ALBERT H</b>		1.2 NAME <b>900002712559-1</b>	
STREET ADDRESS <b>77837 WOODHAVEN DRIVE S</b>		1.3 STREET ADDRESS <b>-12/15/98-01033-021</b>	
CITY-ST-ZIP <b>PALM DESERT CA 92211</b>		1.4 CITY-ST-ZIP <b>****150.00 ****150.00</b>	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>ST ROBBINS, LEA</b>		2.2 NAME	
STREET ADDRESS <b>77837 WOODHAVEN DRIVE S</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM DESERT CO 92211</b>		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

Date

Daytime Phone #

CR2E034 (5/98)