

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093133

1. Corporation Name

MAGIC WALLET CORPORATION

Principal Place of Business

521 SE 18 AVE
POMPANO BCH FL 33060

Mailing Address

521 SE 18 AVE
POMPANO BCH FL 33060

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/30/1997

5. FEI Number

65-0796074

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	LAVIGNE, ARLETTE	521 SE 18 AVE	POMPANO BCH FL 33060
VD	LAVIGNE, JOHN <i>Deceased</i>	521 SE 18 AVE	POMPANO BCH FL 33060

7000003529007 4
-01/09/01--01018--005
****150.00 ****150.00
LS

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
MARC ROCHMAN - CARO USA
Street Address (P.O. Box Number is Not Acceptable)
2101 E Hallandale Beach BLVD
Suite, Apt. #, Etc.
Suite 300
City
Hallandale
State
FL
Zip Code
33009

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

12/5/00

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)(l), 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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arlette Lavigne 12/5/00 X

Date

Daytime Phone #

CG Accounting Corporation

4101 Ravenswood Road, Suite 111, Fort Lauderdale, FL 33312 (954) 327-4617 Fax (954) 327-4618

2012

December 5, 2000

Division of Corporations
Annual Report
PO Box 6327
Tallahassee, FL 32314-6327

Re: Magic Wallet Corporation
#: P97000093133
2000 Annual Report

Dear Sir/Madam,

We are the accountants for the above named taxpayer. This corporation never received their annual report in the mail. We sent an e-mail (copy enclosed) to advise us how to proceed.

We are submitting the application together with the \$150 fee. We appreciate the abatement of the late fee.

If any additional information is needed, please contact us.

Very truly yours,

David Goldis
David Goldis

DTG/cb