

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

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

FILED

00 DEC 22 PM 2:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000093133

1. Corporation Name

MAGIC WALLET CORPORATION

Principal Place of Business

Mailing Address

521 SE 18 AVE
 POMPANO BCH FL 33060

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		4. Date Incorporated or Qualified To Do Business in Florida	
				10/30/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				65-0796074	
City & State		City & State		Applied For	
				Not Applicable	
Zip	Country	Zip	Country	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
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

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 ****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		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 X *[Signature]* **REQUIRED** Date 12/5/00

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)(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]* **SIGNATURE REQUIRED** Arlette Lavigne 12/5/00 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/00)

CG Accounting Corporation

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

20/2

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