

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 21 AM 8:45

DOCUMENT # P98000043145

1. Corporation Name

Magic Costumes, Inc.

2. Principal Office Address

2795 NW 82 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL 33122

Zip

33122

Country

USA

3. Mailing Office Address

2795 NW 82 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL 33122

Zip

33122

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida May 13, 1998

5. FEI Number

65-0835199

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nery Gonzalez

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

2795 NW 82 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33122

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Nery Gonzalez

REGISTERED AGENT MUST SIGN

Date March 19, 2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Nery Gonzalez	2795 NW 82 Avenue	Miami, FL 33122
Sec/ Treas	Dagmara Serrano	2795 NW 82 Avenue	Miami, FL 33122

10. 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:

Nery Gonzalez
NERY C GONZALEZ

March 19, 02 (305) 471-0711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)



March 19, 2002

RE: Reinstatement of Corporation

VIA FEDEX

Department of State
Division of Corporations
409 East Gaines St
Tallahassee, FL 32399

To whom It may concern:

Attached please find our application for reinstatement and check #2437 dated March 19, 2002 in the amount of \$750.00. Please excuse our delay in reinstating but we had to move due to a situation that involved the Department of Transportation. Our landlord never notified us and this caused a tremendous amount of problems, both financial and in our paperwork.

Alfredo Gonzalez, my father was the president but has been ill and is now disabled. I have had to assume his position and have been working towards getting all areas in order. For some reason we never received the yearly papers to renew and with our internal problems, we also overlooked this. We suppose that there must have been a mix up in the post office with the change of address.

We are attempting to get everything in order and would appreciate any consideration in reducing the fees since it was not intentional. We hope that you help us and accept this payment towards our reinstatement. If you are unable to consider our request please let us know so that we may send the amount you have determined fair. Your assistance will be greatly appreciated since we are financially in a tight situation yet we are trying to comply with all requirements.

Respectfully yours,

Nery C. Gonzalez
President

Magic Costumes, Inc.