

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 29 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000091822

1. Corporation Name

CHARISMAGIC ENTERTAINMENT, INC.

Principal Place of Business

2431 ALOMA AVENUE #258
WINTER PARK FL 32792

Mailing Address

2431 ALOMA AVENUE #124
WINTER PARK FL 32792



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

2. New Principal Office Address, If Applicable

649 PARK LAKE STREET

Suite, Apt. #, etc.

ORLANDO, FLORIDA

City & State

Zip 32803-3927

Country ORANGE

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

2431 ALOMA AVENUE #124

City & State

WINTER PARK, FL

Zip 32792

Country ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1998

5. FEI Number

59-3539972

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PO	JENKINS, RAY	2431 ALOMA AVENUE #258 649 PARK LAKE STREET	WINTER PARK FL 32792 ORLANDO, FLORIDA 32803-3927
END	JENKINS, THOMAS	2431 ALOMA AVENUE #258 649 PARK LAKE STREET	WINTER PARK FL 32792 ORLANDO, FLORIDA 32803-3927

8. Name and Address of Current Registered Agent

JENKINS, RAY

2431 ALOMA AVENUE #258

WINTER PARK FL 32792

649 PARK LAKE STREET

ORLANDO, FLORIDA

32803-3927

9. Name and Address of New Registered Agent

Name

N/A

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/28/00

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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/00

Date

(407) 898-7736

Daytime Phone #

CR2E040 (8/00)