

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000006969

1. Corporation Name

DISC MAGIC, INC.

FILED

02 OCT 25 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

960 NORTHLAKE RD., SUITE A
LAKE PARK FL 33403

Mailing Address

960 NORTHLAKE RD., SUITE A
LAKE PARK FL 33403

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

01/19/1999

5. FEI Number

65-0890587

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
D	SAX, DAVID A	10286 ALLAMANDA BLVD. 5270 DESERT VIXEN RD	PALM BCH GARDENS FL 33410 33418
D	SAX, BONNIE L	10286 ALLAMANDA BLVD. 5270 DESERT VIXEN RD	PALM BEACH GARDENS FL 33410 33418

800008591918
10/25/02--01046--023 **150.00

8. Name and Address of Current Registered Agent

SAX, DAVID A
960 NORTHLAKE RD., SUITE A
LAKE PARK FL 33403

9. Name and Address of New Registered Agent

Name

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

5270 DESERT VIXEN RD

Suite, Apt. #, Etc.

City

PALM BCH GDNV

State

FL

Zip Code

33418

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. or 617.0505, F.S.

Signature of
Registered Agent

David A. Sax
REGISTERED AGENT MUST SIGN

Date 10/22/02

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:

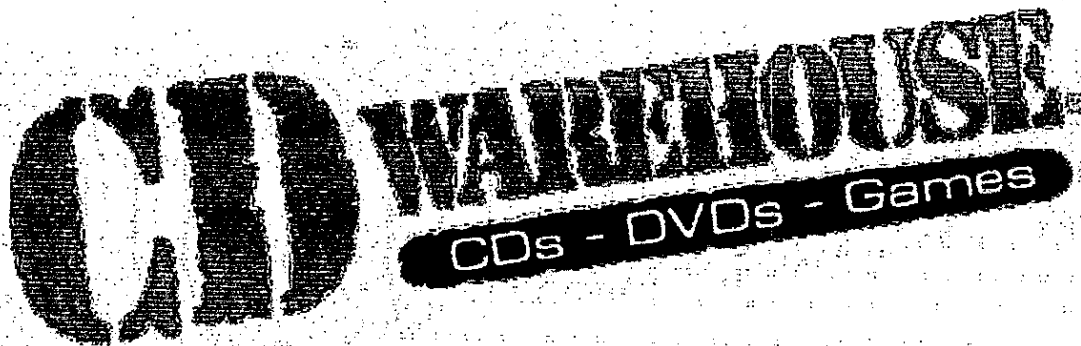
DAVID A. SAX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02 561 3275049

CR2E040 (8/02)



Tuesday, October 22, 2002

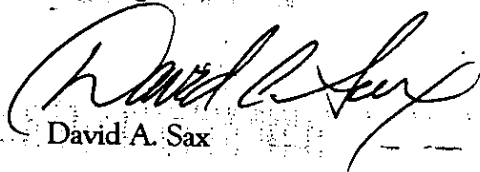
Mr. Jim Smith,
Secretary of State
Department of State Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Smith:

Please find enclosed completed Reinstatement Applications for CD Warehouse and Disc Magic Inc., two companies that I own and am president. I apologize for the tardiness in filing such an application. However, I do not recall ever receiving either application or renewal notices. I have been in business for more than eight years, and I don't believe ever having any issues previously in filing of these documents. Please find enclosed the fees with the appropriate applications. If you should have any questions, please don't hesitate to contact me at 561-327-5049.

I thank you in advance for your understanding.

Best regards,


David A. Sax

Enclosures