

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
01 SEP 28 PM 3:40

DOCUMENT # P99000078674

1. Corporation Name

Net Magic International, Inc.

2. Principal Office Address

5 N. San Pablo Cir

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip

32250

Country

USA

3. Mailing Office Address

5 N. San Pablo Cir

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip

32250

Country

USA

REINSTATEMENT 01

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/30/1999

5. FEI Number

59-3696321

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

Sam Rener

60000462143E

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

5 N. San Pablo Cir

-10/03/01-01029-

***750.00 ***

Suite, Apt. #, Etc.

City

Jacksonville Beach

State

FL

Zip Code

32250

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**

REGISTERED AGENT MUST SIGN

Date

25 Sep 2001

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
P/S	Samuel R. Rener	5 N. San Pablo Cir	Jacksonville Beach FL, 32250

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel R. Rener

Date

25 Sep 2001

Daytime Phone #

904 249 0751

CRCE081 (8/00)