

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -2 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000080481

1. Corporation Name

MAGIC COATINGS TECHNOLOGY, INC.

Principal Place of Business

1740 GYPRESS DRIVE  
ORANGE CITY FL 32763

Mailing Address

PO BOX 150652  
ALTAMONTE SPRINGS FL 32715 0657

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

2. New Principal Office Address, If Applicable

MAGIC COATINGS TECHNOLOGY, INC.

Suite, Apt. #, etc.

224 FLAMINGO DRIVE

City & State

SANFORD FL

Zip

32773

Country

U.S.A.

3. New Mailing Office Address, If Applicable

MAGIC COATINGS TECHNOLOGY, INC.

Suite, Apt. #, etc.

224 FLAMINGO DRIVE

City & State

SANFORD FL

Zip

32773

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/10/1999

5. FEI Number

59-3604580

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
PVST	WAYNE, JACK SR.	191 SOUTH LAKE TRIPLET DRIVE 1485 LAKEVIEW DRIVE	CASSELBERRY FL 32707 DELAND FL. 32720
D	WAYNE, JACK SR.	191 SOUTH LAKE TRIPLET DRIVE 1485 LAKEVIEW DRIVE	CASSELBERRY FL 32707 DELAND FL. 32720

000009791950  
01/02/03--01079--002 \*\*150.00

8. Name and Address of Current Registered Agent

WAYNE, JACK SR.  
1740 GYPRESS DRIVE  
ORANGE CITY FL 32763

9. Name and Address of New Registered Agent

Name

JACK L. WAYNE, SR.

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

1485 LAKEVIEW DRIVE

Suite, Apt. #, Etc.

LOT 238

City

DELAND

State

FL

Zip Code

32720

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

SIGNATURE REQUIRED  
Jack L. Wayne Sr.  
REGISTERED AGENT MUST SIGN

Date DEC. 15, 2002

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  
Jack L. Wayne Sr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC. 15, 2002

Date

(386) 956-7890

Daytime Phone #

CR2E040 (8/02)

**Magic Coatings Tecnology, Inc.**

224 Flamingo Drive  
Sanford, Fl. 32773  
PHONE & FAX: 386 740-0858 EXT. 238

December 15, 2002

To whom it may concern,

Please reinstate Magic Coatings Technology to it's corporate status and recind all penalties for the following reasons:

1. To my knowledge, I have not received the UBR, probably due to having moved 3 times in 2002.
2. I am the only employee in the company at this time.
3. I went into the hospital for open heart surgery and was incapacitated for 3 months.

Thank you.

Sincerely,



Jack L. Wayne, Sr.