

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



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

02 JUN 17 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

LIKE MAGIC ENTERPRISES INC.

099 000082912

2. Principal Office Address

13014 N. DALE MABRY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

STE. 314

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33618

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/20/99

5. FEI Number

NONE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

ANDREW J. MAYTS, JR.

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

106 S. TAMPANIA AVE

Suite, Apt. #, Etc.

SUITE 200

City

TAMPA

State

FL

Zip Code

33609

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 6-14-02

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.D.	ANDRES BARRETO	13014 N. DALE MABRY, STE 314	TAMPA, FL 33618

100005374751--B
-06/25/02--01051--008
***1058.75 ***1058.75

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

06-13-02

Date

Daytime Phone #

(813)

376-0909

CR2E031 (9/01)