

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 NOV 13 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000098468

1. Corporation Name

MAGIC CARPET PLUS CORP.

Principal Place of Business

3531 NW 3RD STREET
MIAMI FL 33125

Mailing Address

3531 NW 3RD STREET
MIAMI FL 33125

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.

275 NW 34th Avenue

City & State

Miami, Florida

Zip

33125

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

275 NW 34th Avenue

City & State

Miami, Florida

Zip

33125

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1999

5. FEI Number

65-0962519

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
PD	ALONZO, CESAR A	3531 NW 3RD STREET -- 275 NW 34th Avenue	MIAMI FL 33125

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALONZO, CESAR A
3531 NW 3RD STREET 275 NW 34th Avenue
MIAMI FL 33125

Name

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 10-16-00

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

10-16-00

Date

305 642-7151

Daytime Phone #

CR2E040 (8-00)