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2008-2009 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR 3 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000110191

1. Corporation Name
Magic Power cleaning system, Inc.

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box #
14408 SW 115 Ter.
Suite, Apt. #, etc.

3. Mailing Office Address
Same as #2
Suite, Apt. #, etc.

300144840073
03/03/09--01015--005 **300.00
CR2E081 (10/08)

City & State
Miami FL

City & State

Zip Country
33186 USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 12/22/99

5. FEI Number 65-0969656 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 Orlando Zamudio.
Street Address (P.O. Box Number is Not Acceptable)
14408 SW 115 Terrace.
Suite, Apt. #, Etc.

City State Zip Code
Miami FL 33186

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

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.	Orlando Zamudio	14408 SW 115 Terrace	Miami FL 33186

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 contained in Chapter 119, 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

Date

Daytime Phone #

23/5

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Magic Power Cleaning System Inc

14408 SW 115th Terrace . Miami, FL 33186

Friday, 02/20/2009

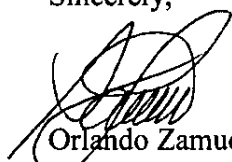
Florida Department of State
Division of Corporations

Recently my accountant told me that I did not renew my corporation for the year 2008. My company name is Magic Power Cleaning System, Inc and my FEI number is 65-0969656.

I apologize but I never receive the renewal letter in the mail and I'm really worried now because it is a lot of money for the penalty and our financial situation is in a really bad shape, as you know we depend on sales and they have been very bad. So I'm asking you to please wave the penalties this time, under the promise that I make sure that this doesn't happen again.

Thank you very much.

Sincerely,



Orlando Zamudio
President