PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 01 web

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 14 PM 12:38

DOCUMENT # S88529

1. Corporation Name

MAGIC KALACKE HOUSE, INC.

200004782362--8
-01/17/02--01064--015
****158.75 ****158.75

REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
3421 N. LAKEVIEW DR.	3421 N. LAKEVIEW DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33618 Country: HILLSBOROUGH	Zip: 33618 Country: HILLSBOROUGH

4. Date Incorporated or Qualified To Do Business in Florida 10-21-91

5. FEI Number 59-3092187 ☐ 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: DAVID WU

Street Address (P.O. Box Number is Not Acceptable): 3421 NOLTH LAKEVIEW DRIVE

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33618

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: D. W. Date: 11.13.01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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	YOLANDA WU	[illegible]	TAMPA FL 33618
		3421 N. LAKEVIEW DR.	TA

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: Yolanda W. 11.13.01 813. 260.3953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #