

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 17 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V31196

1. Corporation Name

MAGIC MUFFLER INC.

Principal Place of Business

625 N.E. 79TH STREET
MIAMI FL 33138

Mailing Address

625 N.E. 79TH STREET
MIAMI FL 33138



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1992

5. FEI Number

65-0326116

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
D	CHACON, ERIK	6551 S.W. 8TH ST. P.O. Box 245907 625 NE 79th Street Miami FL 33138	PEMBROKE PINES FL 33024 330024377363 11/03/03--01045--023 **150.00

8. Name and Address of Current Registered Agent

CHACON, ERIK

~~6551 S.W. 8TH ST.~~

~~PEMBROKE PINES FL 33024~~

625 NE 79th Street
Miami FL 33138

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Erik Chacon

REGISTERED AGENT MUST SIGN

Date 10-28-03

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:

Erik Chacon
Erik Chacon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-03 905-751 0663

Date

Daytime Phone #

CR2E040 (7/03)

Magic Muffler Inc.

625 N.E. 79th Street
Miami Fl. 33138

Phone: 305 751-0663
FAX: 305-751-0490
email:

Tuesday, October 28, 2003

Florida Department of State
Division of Corporations
PO Box 6327 Tallahassee, Fl. 32314

Secretary of State Glenda Hood

Dear Mis: Hood :

We are writing this letter to inform you that we have not received the prior UBR Notices for this corporation. If you would be so kind as to waive the fees for late filling. We are enclosing the application for reinstatement which we received and the \$150 dollars filing fee in hopes this should take care of this problem.

Thank you very much we would appreciate if you would intercede in this matter.

Sincerely Your,



Erik Chacon
President