

171

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

04 SEP 23 PM 4:56

DOCUMENT # P02000043202

1. Corporation Name

MYSTIC TOUCH INC.

REINSTATEMENT 03-04

2. Principal Office Address

7202 SOUTHGATE BLVD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH LAUDERDALE

City & State

Zip

33068

Country

FLORIDA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

81 054 9267

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

M.A. AITCHESON

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

4141 5th ST PLANTATION FL

Suite, Apt. #, Etc.

104

City

PLANTATION

State

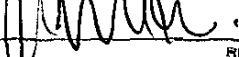
FL

Zip Code

33313

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



REGISTERED AGENT MUST SIGN

Date

9/21/04

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.	ROSALDA SWIRE	7202 SOUTHGATE BLVD	N. LAUDERDALE 33068
VP	SHARON MCNAB	7202 SOUTHGATE BLVD	N. LAUDERDALE FL 33068
C	ANDREA DEHANEY	7202 SOUTHGATE BLVD	N. LAUDERDALE FL 33068

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09/23/04--01043--002 ***300.00

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

ANDREA DEHANEY

CHAIRMAN

9/21/04

Date

Daytime Phone #

9/22/04 =

1082

Mystic Touch Inc
7202 Southgate Blvd.
N. CAUDBRIDGE 33068.

DIVISION OF CORPORATIONS
TALLAHASSEE.

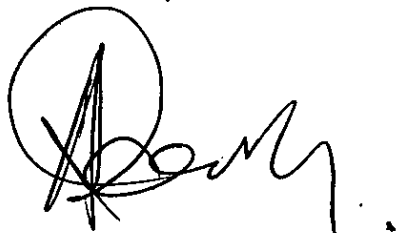
ATT: REINSTATEMENT

Pursuant to my conversation with a member
of your staff explaining the reason for
the late reinstatement.

We were not receiving correspondence from
your office since you did not receive our
change of address mail sent ~~at~~ more
than a year ago to you at the Division of
Corporations.

We therefore request that the

penalties be waived and the corporation be
reinstated at the regular fee of \$150.00.

A handwritten signature, possibly reading "D. Perry", is written inside a circle.