1 of 1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 SEP 23 PM 4:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000043202

1. Corporation Name
MYSTIC TOUCH INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
7202 SOUTHGATE Blvd	
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: NORTH LAUDERDALE	City & State
Zip: 33068 Country: BROWARD	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: M-A. AITCHESON Date: 9/21/04

REGISTERED AGENT MUST SIGN

CR2E081 (04/04)

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: ANDREA DEHANEY CHAIRMAN 9/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/22/04

Mystic Touch Inc
7202 Southgate Blvd.
N. Lauderdale 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 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