

Application for Reinstatement

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 SEP 12 PM 12:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 195741 1. Corporation Name Enchanted Mirror, Inc. WA 7000019268		REINSTATEMENT 95-97	
Principal Place of Business 2042 E. Gatlin Ave. Orlando, FL 32806			
Mailing Address 2042 E. Gatlin Ave. Orlando, FL 32806			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable N/A		3. New Mailing Address, if Applicable N/A	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State N/A		City & State N/A	
Zip N/A		Zip N/A	
Country N/A		Country N/A	
4. Date incorporated or Qualified To Do Business in Florida 9/04/56		5. FEI Number 590824444	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For Not Applicable	
\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/ T/D	Roy W. Stanton	2042 E. Gatlin Avenue	Orlando, FL 32806
			800002294478 -- 1 -09/16/97--01055--008 ****\$45.00 ****\$45.00
			800002294478 -- 1 -09/16/97--01055--009 ****\$35.00 ****\$35.00
			800002294478 -- 1 -09/16/97--01055--010 *****\$75 *****\$8.75
8. Name and Address of Current Registered Agent Roy W. Stanton 2042 E. Gatlin Ave. Orlando, FL 32806		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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. Signature of Registered Agent <u>Roy W. Stanton</u> Date <u>8/13/97</u> REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Roy W. Stanton</u> Date <u>8/13/97</u> Daytime Phone # <u>(907) 859-8257</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			