

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 OCT 28 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000005745**

1. Corporation Name

**MIND SIGHT MARKETING, INC.**

**REINSTATEMENT** 03



200024198832  
10/28/03--01035--018 \*\*150.00

Principal Place of Business

Mailing Address

101 SOUTHHALL LANE, STE. 400  
MAITLAND FL 32751

470 SMITH STREET  
FARMINGDALE NY 11735

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

01-0700473

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CDPS	LEVIN, MARK	1011 IVES DAIRY ROAD #210	MIAMI FL 33179
VPT	LEVIN, MARK	1011 IVES DAIRY ROAD #210	MIAMI FL 33179

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVIN, MARK  
101 SOUTHHALL LANE, STE. 400  
MAITLAND FL 32751

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

CR2E040 (7/03)

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

*(Signature of Mark Levin)*  
REGISTERED AGENT MUST SIGN

Date **10/24/03**

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:

*(Signature of Mark Levin)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARK LEVIN**

**10/24/03**

**407-667-4753**

Date

Daytime Phone #

Mind Sight Marketing, Inc.  
101 Southhall Lane, Suite 400  
Maitland, FL 32751  
(407) 667-4753 Phone  
(407) 667-4754 Fax


October 13, 2003

To Whom It May Concern:

Please find enclosed a Corporation Reinstatement application, along with payment in the amount of \$150.00 made payable to the Department of State. I did not receive the two prior uniform business report notices and would greatly appreciate having the reinstatement fee waived, if this is at all possible.

Thank you in advance for your help,

Mark Levin - President

A handwritten signature in black ink, appearing to be 'Mark Levin', enclosed within a large, hand-drawn oval.