

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JUN -1 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500103637655

06/01/07--01004--022 \*\*1200.00

DOCUMENT # 700000000527

1. Corporation Name

MIRROR IMAGE ENTERPRISES  
OF FLORIDA, INC.

2. Principal Office Address - No P.O. Box #

19195 MYSTIC POINTE DR.

Suite, Apt. #, etc.

SUITE 2802

City & State

AVENTURA FLORIDA

Zip

33180

Country

U.S.A.

3. Mailing Office Address

19195 MYSTIC POINTE DR.

Suite, Apt. #, etc.

SUITE 2802

City & State

AVENTURA FLORIDA

Zip

33180

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/1999

5. FEI Number

119421442

☐ 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

LUCY THAL

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

19195 MYSTIC POINTE DRIVE

Suite, Apt. #, Etc.

SUITE 2802

City

AVENTURA

State

FL

Zip Code

33180

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/25/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles   | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director   | City / State / Zip |
|----------|--------------------------------------|-----------------------------------------------------|--------------------|
| <u>P</u> | <u>LUCY THAL</u>                     | <u>19195 MYSTIC POINTE DR., #2802, AVENTURA, FL</u> | <u>33180</u>       |
|          |                                      |                                                     |                    |
|          |                                      |                                                     |                    |
|          |                                      |                                                     |                    |
|          |                                      |                                                     |                    |
|          |                                      |                                                     |                    |

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 contained in Chapter 119, 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/25/07

Daytime Phone #

(305) 996-5799