PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 DEC 29 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # P0800071500

1. Corporation Name
Mystique Landscape & Maintenance, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2240 NW 22nd Street	2240 NW 22nd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach	City & State: Pompano Beach
Zip: 33069 Country: USA	Zip: 33069 Country: USa

4. Date Incorporated or Qualified To Do Business in Florida: 09/12/08

5. FEI Number: 80-0231791 ☐ 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: Noah A Fischer

Street Address (P.O. Box Number is Not Acceptable): 622 SW 2nd Terrace

Suite, Apt. #, Etc.

City: Pompano Beach State: FL Zip Code: 33060

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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 _____ Date 12/27/2011
REGISTERED AGENT MUST SIGN

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.	Noah A Fischer	622 SW 2nd Terrace	Pompano Beach, FL 33060
GM	Rosemarie Stadelman	9470 Poinciana Place Apt 304	Davie FL 33324
	REINSTATEMENT		
	RLt 10-11		

10. E-mail Address: 1Mystique@Bellsouth.net/ oneMystique@att.net
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 12/27/2011 561-271-8205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #