

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 APR 17 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 95000084749

1. Corporation Name

Mystic Imaging Unlimited, Inc

Principal Place of Business

Mailing Address

5028 W Atlantic Ave
Delray Bch. Fl.
33484

SAME

200002148082--5
-04/18/97--01093--001
****915.00 ****915.00

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

NOV. 95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0671707

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	Tim Selector	5028 W. Atlantic Ave	Delray Bch. Fl 33484
	(Res)	340 N.E. 24 th St.	Boca Raton Fl

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CSC
P.O. Box 13397
Philadelphia, PA 19101-3397

Name

Tim Selector

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

5028 W. Atlantic Ave

Suite, Apt. #, Etc.

City

Delray Bch.

State

FL

Zip Code

33484

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

Tim Selector
REGISTERED AGENT MUST SIGN

Date

04/08/97

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 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:

Tim Selector President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/97
Date

561-476-0060
Daytime Phone #

CR2E040 (12/96)