

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 950000 84749

**1. Corporation Name**

Mystic Imaging unlimited Inc.

**2. Principal Office Address**

5028 W. Atlantic Ave

Suite, Apt. #, etc.

**3. Mailing Office Address**

5028 W. Atlantic Ave.

Suite, Apt. #, etc.

**City & State**

Delray Bch. FL

**Zip**

33484

**Country**

U.S.A.

**City & State**

Delray Bch FL

**Zip**

33484

**Country**

U.S.A.

REINSTATEMENT 99-04

**4. State Incorporated or Qualified  
To Do Business in Florida**

6/19/96

**5. FEI Number**

650671707

**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**

Tim Selector

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

5028 West Atlantic Ave

**Suite, Apt. #, Etc.**

**City**

Delray Beach

State  
**FL**

**Zip Code**

33484

**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

Tim Selector

REGISTERED AGENT MUST SIGN

Date

3/15/04

**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
Pres.	Tim Selector	5028 W. Atlantic Ave	Delray Bch. FL 33484

**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 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

Tim Selector

3/15/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Phone 561 496-0060

CR25031 (01/04)