

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 18 PM 12:33

DOCUMENT # **P96000040741**

1. Corporation Name

**MIRAGE SYSTEMS, INC.**

Principal Place of Business

Mailing Address

1501A LEXINGTON AVE  
UNIT #3  
DELAND FL 32724  
US

P.O BOX 820  
DELAND FL 32721-0820  
US

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



REINSTATEMENT

01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/09/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3383589

Applied For

City & State

City & State

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
PSD	THOMPSON, DAN W	<del>148 SOUTH COLORADO AVENUE</del> 416 BUFORD AVENUE	<del>DELAND FL 32174</del> ORANGE CITY, FL 32763
VTD	ENGLISH, DAWN M	1665 LEXINGTON AVENUE	DELAND FL 32724
			700004658137--0 -10/29/01--01102--020 ****750.00 ****750.00
			JR 10/26

8. Name and Address of Current Registered Agent

THOMPSON, DANIEL W  
1501A LEXINGTON AVE  
DELAND FL 32724

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED

Date

12/04/01

REGISTERED AGENT MUST SIGN

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 REQUIRED  
DANIEL W THOMPSON

123456

386 740 9222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)