PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

01 DEC 21 PH 12: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT #   P98000051170

1. Corporation Name

MYSTIK EYE, INC.

99-01

2. Principal Office Address	**3.** Mailing Office Address	
12243 University Blvd.	12243 University Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

4. Date Incorporated or Qualified To Do Business in Florida   06-05-1998

City & State	City & State	
Orlando, FL	Orlando, FL	

5. FEI Number   59-3526762 | Applied For / Not Applicable

Zip	Country	Zip	Country
32817	USA	32817	USA

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Matthew S. Tercsak

5000047452355---9
-12/31/01--01071--009
***1050.00   ***1050.00

Street Address (P.O. Box Number is Not Acceptable)
12243 University Blvd.

Suite, Apt. #, Etc.

City		State	Zip Code
Orlando		FL	32817

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 12/20/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
D	Matthew S. Tercsak	12141 Walden Woods Court	Orlando, FL 32826

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: _____   12/20/01   (407)310-5683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #