PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

	DOC	:UN	IEN	IT#
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P98000051170

1. Corporation Name

MYSTIK INC.

Principal Place of Business

Mailing Address

12243 UNIVERSITY BLVD ORLANDO FL 32817

12243 UNIVERSITY BLVD ORLANDO FL 32817

FILED

02 DEC 23 AM 8: 46

SECRETION OF STATE TALLAMASSEE FLORIDA



If above a	ddresses are incorrect in any way, lin	e through incorrect in	nformation a	and enter correction belo	ow.	TATEME	THE O	L	
, in the second				ng Office Address, If Applicable		Date incorporated or Qualified     To Do Business in Florida     06/05/1998			
10017 0000		6014 UNIVOSSITY BIND		5. FEI Number	5. FEI Number 59-3526762		Applied For		
ORIANDO, FL			Plando, Fl-		6.	00 0020102	Not Applicable  \$8.75 Additional Fee required		
Zip 328	317 Country	328/	7	Gountry	CERTIFICATE	OF STATUS DESIRED		ificate of Status	
7. Names a	and Street Addresses of Each Officer	and/or Director (Flo	rida nonpro	<del>-</del>	<del></del>	1	-		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip				
D	TERCSAK, MATTHEW S			12141 WALDEN WOODS CT		ORLANDO FL 32826			
	8. Name and Address of Cur	ent Registered Age	ent		11/26/ 1 <b>/12/1234</b> <b>801</b> 12/23/1	DDD9220 02-01030-02 02-01054-00 0009220 02-01054-00	25 ***500 2 <b>***5</b> 9 1 **150		
TERCSAK, MATTHEW S 12243 UNIVERSITY BLVD			Name	Name Matthew 5, Yelrsak					
			Street Add	Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32817				Suite, Apr. #, Etc.					
			City	City OR/ANDO State Tip Code 328/7					

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. or 617.0505, F.S.

Signature of Registered Agent

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR