

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 23 PM 2: 25

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # V42967

(2)

1. Corporation Name
OOH MYSTIQUE, INC.

2. Principal Office Address
824 5th Avenue South

Suite, Apt. #, etc.

City & State
Naples, Florida

Zip 34102 **Country** U.S.A.

3. Mailing Office Address
824 5th Avenue South

Suite, Apt. #, etc.

City & State
Naples, Florida

Zip 34102 **Country** U.S.A.

REINSTATEMENT 97-01

4. Date Incorporated or Qualified To Do Business in Florida 6/11/1992

5. FEI Number 65-0338486

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

Eric M. Borgia, Esquire

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

4001 Tamiami Trail North

Suite, Apt. #, Etc.

Suite 300

City

Naples

State
FL

Zip Code
34103

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

ERIC M. BORGIA

REGISTERED AGENT MUST SIGN

Date 10/22/01

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
P	Sykes, Misty	824 5th Avenue South	Naples, Florida 34102

100004650171--3

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:

Misty Sykes, President

Date

Daytime Phone #

10/22/01 (941) 263-7668

CR2E081 (8/00)



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ACCOUNT NO. : 072100000032

REFERENCE : 143731 7103152

AUTHORIZATION :

Patricia Pizento

COST LIMIT : \$ 1358.75

ORDER DATE : October 23, 2001

ORDER TIME : 10:44 AM

ORDER NO. : 143731-005

CUSTOMER NO: 7103152

CUSTOMER: Eric M. Borgia, Esq
Goodlette Coleman & Johnson,
Suite 300
4001 Tamiami Trail North
Naples, FL 34103

RECEIVED
01 OCT 23 PM 12:18
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: OOH MYSTIQUE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____