


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**  **FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

07 JAN 31 PM 1:49

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P 98000042642

1. Corporation Name  
**IMAGE PLUS IMPORT AND EXPORT, INC**

**REINSTATEMENT 03-07**

CRZE061 (1/07)

2. Principal Office Address - No P.O. Box #  
**19144 NW 13 STREET**

3. Mailing Office Address  
**19144 NW 13 STREET**

City & State  
**PEMBROKE PINES, FL**

City & State  
**PEMBROKE PINES, FL**

Zip  
**33029**

Zip  
**33029**

4. Date Incorporated or Qualified To Do Business in Florida  
**5-12-98**

5. FEI Number  
**650835627**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

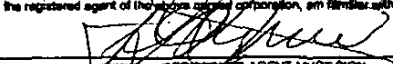
7. Name and Address of Current Registered Agent  
 Name  
**ROSE A. ETIENNE**

Street Address (P.O. Box Number is Not Acceptable)  
**19144 NW 13 STREET**

City  
**PEMBROKE PINES**


State  
**FL**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0905 or 617.0903, F.S.  
 Signature of Registered Agent  Date **1-26-07**  
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

TITLE	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	ETIENNE, ROSE A	19144 NW 13 STREET	PEMBROKE PINES, FL 33029
SVD	ETIENNE, GEORGES	19144 NW 13 STREET	PEMBROKE PINES, FL 33029

10. I certify that I am an officer or director or the receiver or trustee empowered to execute the 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 contained in Chapter 119, 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:  Date **1-26-07** Office Phone # **954-401-6199**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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