

To: FL Dept. of State
Subject: 000638.114583

From: Katie Wonsch

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Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6384

000638.114583

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
ID MODELING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

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copy once filed
to front, I need to
request a certified
copy, thank you.

Electronic Filing Menu

Corporate Filing Menu

Help

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F07000002172			
1. Corporation Name ID Modeling, Inc.			
2. Principal Office Address - For P.O. Box & 300 North Lake Ave		3. Mailing Office Address 300 North Lake Ave	
Suite, Apt. #, etc. Suite 230		Suite, Apt. #, etc. Suite 230	
City & State Pasadena, CA		City & State Pasadena, CA	
Zip 91101	Country USA	Zip 91101	Country USA
4. Date incorporated or qualified in the State of Florida 4/23/07			
5. FID Number 14-1809685		Assigned FID File Applicable	
6. ☐ CERTIFICATE OF STATUS OBLIGED ☐ SE-72 Jurisdiction transferred for a Certificate of Status			
☐ 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			
7. Name and Address of Current Registered Agent			
Name National Corporate Research, Ltd., Inc.			
Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue			
Suite, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301
8. I, being appointed the registered agent of the above named corporation, do hereby wish and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent <i>Rose Marie Cole, Asst. Sec.</i>		Date 11-17-09	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must have at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
OLD Dir.	Paul Haulien	300 North Lake Ave., Suite 230	Pasadena, CA 91101
Dir.	Christopher T. Stern	300 North Lake Ave., Suite 230	Pasadena, CA 91101
10. I certify that I am an officer or director of 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 contained in Chapter 119, F.S. The information presented on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <i>Paul Haulien</i>		11/10/09 (626) 765-0500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

FILED
2009 NOV 17 PM 9:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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NOV 17 2009
Michael