
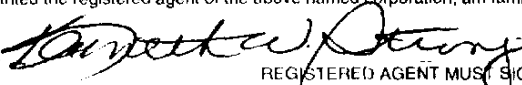



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAY 13 AM 8:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F63280 1. Corporation Name T-IMAGES, INC.					
Principal Place of Business 118 W. SEMINOLE AVE. BUSHNELL, FL 33513		Mailing Address P.O. BOX 699 BUSHNELL FL. 33513			
If above addresses are incorrect in any way, file through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 118 W. SEMINOLE AVE. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable P.O. BOX 699 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 1980	
City & State BUSHNELL, FL		City & State BUSHNELL, FL		5. FEI Number 59-2229222	
Zip 33513		Zip 33513		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Pres	KENNETH W. STRONG	5106 SW 45TH BLVD	BUSHNELL, FL 33513		
SECRETARY	MARION STRONG	5106 SW 45TH BLVD.	BUSHNELL, FL 33513		
<div style="border: 2px solid black; padding: 10px; display: inline-block;"> REINSTATEMENT </div>					
8. Name and Address of Current Registered Agent KENNETH W. STRONG 5106 SW 45TH BLVD. P.O. BOX 699 BUSHNELL, FL 33513			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 300002530929--6 City 5721798 State 01005 Code 008 ***1905.00L ***1965.00		
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. Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 5-10-98					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KENNETH W. STRONG			(352) 5-10-98 793-7223 Date Daytime Phone #		

CR2E040 (1/98)