

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

00 FEB 11 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003163**

1. Corporation Name

HOLOGRAPHIC IMAGES INC.

2. Principal Office Address

5101 COLLINS AVE, 5D

Suite, Apt. #, etc.

5D

City & State

MIAMI BEACH

Zip

33140

Country

USA

3. Mailing Office Address

5101 COLLINS AVE

Suite, Apt. #, etc.

5-D

City & State

MIAMI BEACH

Zip

33140

Country

USA

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

1982 0410

5. FEI Number

31-1070696

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LARRY LIEBERMAN

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

5101 COLLINS AVE

Suite, Apt. #, Etc.

5D

City

MIAMI BEACH

State

FL

Zip Code

33140

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

Larry Lieberman
REGISTERED AGENT MUST SIGN

Date

2/9/2000

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
Sec	Larry Lieberman	5101 Collins Ave	Miami Beach, Fla
Tre.	Larry Lieberman	5101 Collins Ave	Miami Beach, Fla
Pres	Larry Lieberman	5101 Collins Ave	Miami Beach, Fla

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:

Larry Lieberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2000 305-867-1321
Date Daytime Phone #

CR2E081 (9/99)