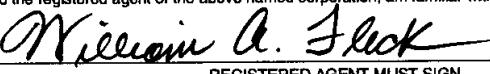
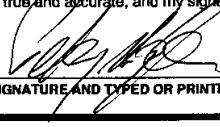


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # F99000004070																															
1. Corporation Name IMG HOLDINGS, INC																															
2. Principal Office Address 900 S US HWY ONE Suite, Apt. #, etc. SUITE 108		3. Mailing Office Address 900 S US HWY ONE Suite, Apt. #, etc. SUITE 108																													
City & State JUPITER, FLORIDA		City & State JUPITER, FLORIDA																													
Zip 33477	Country U.S.A	Zip 33477	Country U.S.A																												
4. Date Incorporated or Qualified To Do Business in Florida 8-9-99																															
5. FEI Number 52-2046588 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>				Applied For	Not Applicable																										
Applied For																															
Not Applicable																															
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																															
7. Name and Address of Current Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Name</td> <td colspan="3">WILLIAM A. FLECK, ESQ.</td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="3">6650 WEST INDIANTOWN ROAD</td> </tr> <tr> <td>Suite, Apt. #, Etc.</td> <td colspan="3">SUITE 200</td> </tr> <tr> <td>City</td> <td>State FL</td> <td>Zip Code 33458</td> </tr> </table>				Name	WILLIAM A. FLECK, ESQ.			Street Address (P.O. Box Number is Not Acceptable)	6650 WEST INDIANTOWN ROAD			Suite, Apt. #, Etc.	SUITE 200			City	State FL	Zip Code 33458													
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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 		Date 11 July 02																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 40%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 20%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>PATRICK D. HARRINGTON</td> <td>107 WATERSEDGE Rd.</td> <td>JUPITER, FL, 33477</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	PATRICK D. HARRINGTON	107 WATERSEDGE Rd.	JUPITER, FL, 33477																				
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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: 		PATRICK D. HARRINGTON 11 JULY 02 561-745-7077																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #																												