
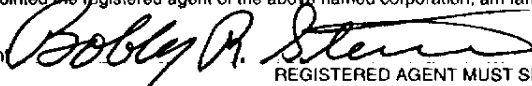



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 1997 JUL 24 AM 9:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # H65170					
1. Corporation Name <i>Information & Image Technology Inc.</i>					
Principal Place of Business <i>9238 Jaybird Cir. W. Jacksonville Florida. 32257</i>			Mailing Address		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable <i>9238 Jaybird Cir. W.</i> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <i>9238 Jaybird Cir. W.</i> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right; font-size: 1.5em;"><i>1985</i></div>	
City & State <i>Jacksonville Florida</i>		City & State		5. FEI Number <div style="font-size: 1.5em;"><i>59-2570086</i></div>	
Zip <div style="font-size: 1.5em;"><i>32257</i></div>		Country		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		
1	2	3	4		
<i>President</i>	<i>Bobby R. Stevens</i>	<i>9238 Jaybird Cir. W.</i>	<i>Jacksonville, Florida 32257</i>		
<i>VP</i>	<i>Regina M. Stevens</i>	" " " "	" " "		
			700002250987--4 -07/29/97--01087--006 *****923.75 *****923.75		
			REINSTATEMENT		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name <i>Bobby R. Stevens</i> Street Address (P.O. Box Number is Not Acceptable) <i>9238 Jaybird Cir. W.</i> Suite, Apt. #, Etc.		
			City <i>Jacksonville</i>		
			State <div style="font-size: 1.5em;">FL</div>		
			Zip Code <div style="font-size: 1.5em;"><i>32257</i></div>		
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 		Date <div style="font-size: 1.5em;"><i>7/14/97</i></div>			
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" 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 <i>Bobby R. Stevens</i>		Date <div style="font-size: 1.5em;"><i>7/14/97</i></div>	
				Daytime Phone # <div style="font-size: 1.5em;"><i>904-730-3535</i></div>	

CR2E040 (12/96)