


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H65170**

1. Corporation Name

**INFORMATION & IMAGE TECHNOLOGY INC.**

Principal Place of Business

Mailing Address

9238 JAYBIRD CIRCLE W.  
JACKSONVILLE FL 32257  
US

9238 JAYBIRD CIRCLE W.  
JACKSONVILLE FL 32257  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3
P	STEVENS, BOBBY R	9238 JAYBIRD CIRCLE W
V	STEVENS, REGINA M	9238 JAYBIRD CIRCLE W

8. Name and Address of Current Registered Agent

STEVENS, BOBBY R  
9238 JAYBIRD CIRCLE W.  
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Bobby R. Stevens*  
REGISTERED AGENT MUST SIGN

Date: 2/22/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

NO TAX  
DUE

(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:

*Bobby R. Stevens*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

904-737-1495

FILED

99 MAR -9 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

07/09/1985

5. FEI Number

59-2570086

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

4 City / State / Zip  
JACKSONVILLE FL 32257  
JACKSONVILLE FL 32257

800002811118-7  
-03/18/99-01095--004  
\*\*\*1300.00 \*\*\*1300.00

CR2040 (9/98)