

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000079842

Entity Name: IMAGE LAB LLC

FILED
Oct 05, 2009
Secretary of State

Current Principal Place of Business:

18749 SW 15TH STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

18749 SW 15TH STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 51-0551211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOMENA-REID, JOY-ANN M
18749 SW 15TH STREET
PEMBROKE PINES, FL 33029 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOY-ANN LOMENA REID

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REID, JASON M
Address: 18749 SW 15TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR () Delete
Name: LOMENA-REID, JOY-ANN M
Address: 18749 SW 15TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOY-ANN LOMENA REID

MGR

10/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date