

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 OCT 23 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L15808**

1. Corporation Name

Image Construction Corporation

2. Principal Office Address - No P.O. Box #

11367 Larksparrow Rd

Suite, Apt. #, etc.

3. Mailing Office Address

11367 Larksparrow Rd

Suite, Apt. #, etc.

City & State

Weeki Wachee FL

City & State

Weeki Wachee FL

Zip

34614

Country

USA

Zip

34614

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2971631

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steven Dewar

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

11367 Larksparrow Rd

Suite, Apt. #, Etc.

City

Weeki Wachee

State

FL

Zip Code

34614

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

10/17/07

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
Pres	Steven Dewar	11367 Larksparrow Rd	Weeki Wachee FL 34614
V.P.	Scott Bober	10102 Southwood Ct. <del>New</del>	New Port Richey FL 34654

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 contained in Chapter 119, 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

10/17/07

Date

352-584-0466

Daytime Phone #

10/25/07