

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000005172

1. Corporation Name

Self Image, Inc.

WL-35459

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

600 S.E. Coast Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

6120 Silver Oak Drive

Suite, Apt. #, etc.

City & State

Lantana, FL

City & State

Lake Worth, FL

Zip

33462

Country

US

Zip

33467

Country

US

7. Name and Address of Current Registered Agent

Name

Terri Ferguson

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

6120 Silver Oak Drive

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

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

Terri Ferguson

REGISTERED AGENT MUST SIGN

Date **7/24/2010**

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
S	Jean Aytch	2111 Tahiti Lane	Lake Worth, FL 33467
VP	George Ferguson	6120 Silver Oak Drive	Lake Worth, FL 33467
C	Robbie Alexander	9940 Baywater Dr	Boca Raton, FL 33496
P	Terri Ferguson	6120 Silver Oak Drive	Lake Worth, FL 33467

10. E-mail Address: **newselfimage@yahoo.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Terri Ferguson / Terri Ferguson

7/24/2010

561-255-6043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
10 AUG 13 PM 3:46
CORPORATION
FALLS CHURCH, VA

800183755298
08/13/10--01044--001 **61.25

800183755298
07/28/10--01025--007 **612.50

REINSTATEMENT 03-10
CR2E081 (8/10)

4. Date Incorporated or Qualified
To Do Business in Florida **08/30/1999**

5. FEI Number
65-0952554

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status