

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -1 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 000000 19651

1. Corporation Name

Immaculate Images

2. Principal Office Address

1015 GORE DR.

3. Mailing Office Address

1015 GORE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Onedo, FL 32765

Onedo, FL 32765

Zip

Country

USA

Zip

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3593453

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

CHRISTIAN B. BELL

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

1015 GORE DR.

Suite, Apt. #, Etc.

City

Onedo

State

FL

Zip Code

32765

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

Christian B. Bell
REGISTERED AGENT MUST SIGN

Date 3/23/04

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
VPRES	Julia L. Bell	1015 GORE DR.	Onedo, FL 32765

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 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

Julia L. Bell

3/23/04 (321) 303.1737

Date

Daytime Phone #

CR2E081 (10/02)

282

IMMACULATE IMAGES, INC.
1015 GORE DR.
OVIEDO, FL 32765
PHONE: (321) 303.1737 FAX: (407)977.8357

March 25, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

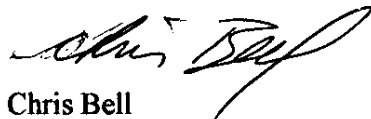
To Whom It May Concern:

While recently applying for a business line of credit, it came to my surprise that we are currently inactive as a licensed Corporation. Although I sent a check on March 28, 2004 (utilizing check number 1924) in the amount of \$155.00, we are now informed that our license is currently invalid. I know that incidences such as this are not uncommon and can only trust that there must have been a discrepancy during the delivery process. We have always strived to pay all of our bills in a timely manner to keep our business a legitimate and respectful operation.

At this time, I am including a payment of \$310.00 for the 2003 & 2004 dues and can only insure you that next year, I will only send payment certified mail, (as I did now) to ensure that you receive your monies and I have the piece of mind that I am a licensed corporation.

Please give me a call if you have any questions at (321) 303.1747.

Thank you for your understanding,



Chris Bell
Immaculate Images, Inc.