1082

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082028

1. Entity Name: Your Image, Inc.

FILED
04 OCT 28 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 2004

2. Principal Place of Business: 16100 Collins Ave
Suite, Apt. #, etc.: 109
City & State: Sunny Isles FL
Zip: 33160 Country: Dade

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 65-1037880 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Marisol Molina
Street Address (P.O. Box Number is Not Acceptable): 2903 NE 163rd St Ste 709
City: North Miami Bch FL Zip Code: 33160

8. 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOLINA, MARISOL 2903 NE 163rd St Ste 709 NORTH MIAMI, BCH FL 33160	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200042282742 10/28/04--01036--021 **150.00
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Marisol Molina 10/25/04 (305)940-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Your Image, Inc.
16100 Collins Ave Ste 109
Sunny Isles, FL 33160

October 25, 2004

Dept of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: P00000082028
2003 Annual/Uniform Business Report

Dear Representative,

Included is the 2003 Uniform Business Report. I assure you I did not receive any notification about this report during this year. I just found out about the status of this corporation recently and was surprised to find out it was dissolved.

As such, please accept this check for $150.00 to process my 2003 Uniform Business Report. I assure you all future reports will be filed timely now that I know of this filing requirement.

Sincerely,

Marisol Molina

Marisol Molina
President