

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

**02-03**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL 11 PM 6:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000024363

1. Corporation Name

PRIME IMAGE MANAGEMENT SERVICES INC

2. Principal Office Address

1858 BRIDGEWATER DR

Suite, Apt. #, etc.

3. Mailing Office Address

1858 BRIDGEWATER DR

Suite, Apt. #, etc.

City & State

LAKE MARY,

City & State

LAKE MARY

Zip

FL

Country

32746

Zip

FL

Country

32746

4. Date Incorporated or Qualified  
To Do Business in Florida

3/8/01

5. FEI Number

59-3706415

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

ANNETTE MOREAU

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

1858 BRIDGEWATER DRIVE

Suite, Apt. #, Etc.

L

City

LAKE MARY

State

FL

Zip Code

32746

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

8/27/03

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
D	MOREAU, ANNETTE	1858 BRIDGEWATER DR	LAKE MARY, FL 32746

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/27/03

Daytime Phone #

467-  
491-0298

CR2E081 (10/02)

21 7/11

**PRIME IMAGE MANAGEMENT SERVICES, INC.**

1858 Bridgewater Drive  
Lake Mary, FL 32746

February 27, 2003

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

To Whom It May Concern:

Attached is the reinstatement form for Prime Image Management Services, Inc. The corporation did not receive the 2002 Uniform Business Report as our address had changed last year yet we are uncertain as the non-receipt as all our mail was forwarded to our new location. Therefore, we regret not to have been able to file the renewal application in a timely manner.

Due to the non-receipt of the renewal we are requesting that the reinstatement fee be waived and enclosed please find the initial application fee payment of \$150.00. If you have any questions please feel free to contact the undersigned at (407) 491-0298.

Thank you for your assistance in this matter!

Sincerely,



Annette Moreau  
Prime Image Management Services, Inc.

paid 4-30 \$150.00