

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL -8 PM 6:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000066B21*

**1. Corporation Name**

*Camilian Images International, Inc.  
17714 Long Point Dr.  
Redington Shores FL 33708*

**2. Principal Office Address**

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

100020681781  
06/09/03--01054--020 \*\*300.00  
**REINSTATEMENT 02-03**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

*59-3735116*

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

*Jeffrey Rue*

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

*17714 Long Point Dr.*

Suite, Apt. #, Etc.

City

*Redington Shores FL*

State

*FL*

Zip Code

*33708*

**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 *6/23/03*

**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
<i>PTSD</i>	<i>Jeffrey Rue</i>	<i>17714 Long Point Dr. Redington Shores FL 33708</i>	

**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

*5/5/03* *727-743-0177*  
Date Daytime Phone #

CR2E081 (10/02)

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*Battaglia, Ross, Dicus & Wein, P.A.*

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*Larson & Larson, P.A.*

*Counsel for Intellectual Property*

*† Board Certified Civil Trial and Business Litigation Lawyer*

June 5, 2003

State of Florida  
Division of Corporations  
Attn: Reinstatement  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Camilian Images International, Inc.  
Document No. P01000066821

Dear Sir or Madam:

Please find enclosed the above-referenced corporation's Application for Reinstatement. Pursuant to our client's conversation with B. B. Mitchell, we have enclosed the:

1. Reinstatement Application
2. Fee of \$300.00
3. Medical Reports

As you can see from the referenced medical report, Mr. Rue has been plagued with medical problems and disabilities since a hydrochloric acid spill in 1992, however, his conditions were highly exacerbated when he was involved in a motorcycle accident on November 4, 2002.

The neurological impairments resulting from his brain injury sustained during the accident resulted in trouble concentrating, confusion, loss of vision, memory and general mental health. Although his condition has improved, he was not in sufficient mental condition to file his last two UBR reports.

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It is our understanding that you suggested Mr. Rue submit medical information regarding this tragedy so that you would consider allowing the reinstatement of this corporation. Please let us know your finding. Thank you for your consideration.

Sincerely,

April D. Harley  
Corporate Paralegal

/adh

Enclosures

cc: Mr. Jeffrey Rue