

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 12 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000122208

**1. Corporation Name**  
L'Image Inc.

**2. Principal Office Address**  
2860 Citrus Lake Drive

**3. Mailing Office Address**  
2860 Citrus Lake Drive

Suite, Apt. #, etc.  
R 202

Suite, Apt. #, etc.  
R 202

City & State  
Naples, Florida

City & State  
Naples, Florida

Zip Country  
34109 USA

Zip Country  
34109 USA

**REINSTATEMENT**

02

400009493504  
12/12/02--01108--002 \*\*750.00

**4. Date Incorporated or Qualified  
To Do Business in Florida** 12/26/01

**5. FEI Number**  
30-0016994

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  
Richard Turney

Street Address (P.O. Box Number is Not Acceptable)  
2860 Citrus Lake Drive

Suite, Apt. #, Etc.  
R 202

City  
Naples

State Zip Code  
FL 34109

**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 Richard D. Turney  
REGISTERED AGENT MUST SIGN

Date 12/09/02

**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	Richard Turney	2860 Citrus Lake Drive, R202	Naples, FL 34109
D	Sandra Darling	2860 Citrus Lake Drive, R202	Naples, FL 34109

**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:** Richard D. Turney  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/09/02  
Date

Daytime Phone #

CR2E081 (9/01)

21 12/13