

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

10/02/03 01084 002 * 750.00
FILED

03 DEC 12 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000023199**

1. Corporation Name

IMAGE ENGINEERING GROUP, INC.

Principal Place of Business

Mailing Address

**WATERVIEW TOWERS - SUITE 2205
400 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401**

**WATERVIEW TOWERS - SUITE 2205
400 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2002

5. FEI Number

01-0644891

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ADLER, SHERMAN	400 NORTH FLAGLER DRIVE #2205	WEST PALM BEACH FL 33401

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~**KOZINSKI, KATHLEEN G
777 SOUTH FLAGLER DRIVE
SUITE 900 WEST
WEST PALM BEACH FL 33401**~~

**Rosalind Whyman
8531 SE Bristol Way
Jupiter, FL 33458**

Name

Rosalind Whyman

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

8531 SE Bristol Way

Suite, Apt. #, Etc.

City

Jupiter

State

FL 33458

Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Rosalind Whyman

REGISTERED AGENT MUST SIGN

Date **11/6/2003**

11. 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 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/03

Date

Daytime Phone #