PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY 23 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/08/07--01005--011 **450.00

DOCUMENT # P02000030182

1. Corporation Name

PLAYERS IMAGE, INC.

#09-22105

REINSTATEMENT 05-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11401 PINES BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#742	
City & State	City & State
PEMBROKE PINES	
Zip / Country	Zip / Country
FL 33026	

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 06-21729 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ SEE ATTACHED Additional Fee required for Certified Copies

7. Name and Address of Current Registered Agent

Name: OSAMA HALUM

Street Address (P.O. Box Number is Not Acceptable): 11401 PINES BLVD

Suite, Apt. #, Etc.: #742

City: PEMBROKE PINES | State: FL | Zip Code: 33026

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: ⊗ _____ Date _____
REGISTERED AGENT MUST SIGN

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
P	OSAMA HALUM	11401 PINES BLVD, #742	PEMBROKE PINES, FL. 33026

$ 616

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 contained in Chapter 119, 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: ⊗ _____ 4/25/07 (954) 322-2969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #