

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR -6 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 002000027936

1. Corporation Name IMAGEBLAST INC.

W09-94341

700163589577  
04/06/10--01035--002 \*\*150.00

700163589577  
12/14/09--01061--020 \*\*1050.00

REINSTATEMENT 03-10

2. Principal Office Address - No P.O. Box #

367 COUNTRY CLUB DR.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 3658

Suite, Apt. #, etc.

City & State

TEQUESTA / FL

City & State

TEQUESTA / FL.

Zip

33469

Country

USA

Zip

33469

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

JULY/2002

5. FEI Number

06-1640869

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

JIM JOHNSTON

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

367 COUNTRY CLUB DRIVE.

Suite, Apt. #, Etc.

City

TEQUESTA

State

FL

Zip Code

33469

☒ 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

REGISTERED AGENT MUST SIGN

Date APR 2nd 2010

**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
PRES	JIM JOHNSTON	367 COUNTRY CLUB DRIVE.	TEQUESTA, FLA. 33469

EMAIL → JIMJ@IMAGEBLAST.COM

204/8

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM JOHNSTON

Date

12/10/09

Daytime Phone

JIMJ@IMAGEBLAST.COM

561-748-9620