

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO200086729

1. Corporation Name

**IN HOUSE Multimedia & Design, Inc.**

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

**4046 Peach Drive**

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

Zip

**32246**

Country

**U.S.A.**

3. Mailing Office Address

**4046 Peach Drive**

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

Zip

**32246**

Country

**U.S.A.**

**7. Name and Address of Current Registered Agent**

Name

**Angie Bowers**

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

**4046 Peach Drive**

Suite, Apt. #, Etc.

City

**Jacksonville**

State

**FL**

Zip Code

**32246**

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

*Angie Bowers*

REGISTERED AGENT MUST SIGN

Date 02/13/2008

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	Angie Bowers	4046 Peach Drive	Jacksonville, FL 32246

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:

*Angie Bowers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/2008

Date

904-333-6888

Daytime Phone #

**FILED**

08 FEB 19 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

05/01/2003

5. FEI Number

**371447992**

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☒ 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.