

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 30 AM 11:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P-02000096540

1. Corporation Name

ASSOCIATES IMAGING, INC.

2. Principal Office Address

3637 4th ST. N.

Suite, Apt. #, etc.

230

City & State

ST. PETERSBURG, FL

Zip

33704

Country

USA

3. Mailing Office Address

SM

Suite, Apt. #, etc.

SM

City & State

SM

Zip

Country

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

9/6/2002

5. FEI Number

743061329

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BILL J. TURNER

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

3601 Belle Vista Dr.

Suite, Apt. #, Etc.

City

ST. Pete Beach

State

FL

Zip Code

33706

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/23/04

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	Bill J. Turner	3601 Belle Vista Dr	ST. Pete Beach, FL 33706
V.P.	Preston E. Baetter	2991 Wintertown Close	Keweenaw, CA 90144

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:

[Signature]

BILL J. TURNER

Date

1/23/04

Daytime Phone #

727-892-3355

CR2E03 (1/02)

Associates Imaging, Inc.

January 23, 2002

Department of State
Division of Corporations
P.O. 6327
Tallahassee, FL 32314

RE: Associates Imaging, Inc.


To Whom It May Concern:

Enclosed please find a check for \$300.00 which represents filing fees for 2003 and 2004 as well as a completed form for reinstatement. Associates Imaging moved to the new address in October, 2002, and did not receive the filing forms for annual reports.

We would ask that the reinstatement fees be waived as the forms were not received.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Turner", with a large, stylized loop at the end.

Bill Turner
President