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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

**FILED**

06 OCT 13 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

**DOCUMENT # P03000063620**

1. Corporation Name

Image Photo Video Production, Inc.

2. Principal Office Address <b>5440 S MacDill Ave</b>	3. Mailing Office Address <b>5440 S MacDill Ave</b>
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Suite, Apt. #, etc. <b>5G</b>	Suite, Apt. #, etc. <b>5G</b>
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City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>
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Zip <b>33611</b>	Country <b>USA</b>	Zip <b>33611</b>	Country <b>USA</b>
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CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **06/09/2003**

5. FEI Number <b>20-0035752</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

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

Name <b>Edson M Araujo</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5440 S MacDill Ave</b>	
Suite, Apt. #, Etc. <b>5G</b>	
City <b>Tampa</b>	State Zip Code <b>FL 33611</b>

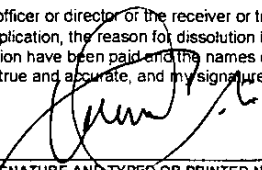
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **10/12/06**  
 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
D	Edson M Araujo	5440 S MacDill Ave 5G	Tampa, FL 33611

10. I certify that I am an officer or director of 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

Date

Daytime Phone #

10/12/06

(813) 494-8201

re 10/18

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October 12, 2006

To: Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

From: Image Photo Video Production, Inc.  
5440 S. MacDill Ave. #5B  
Tampa, FL 33611

Re: Reinstatement

Please find enclosed with this letter the following information:

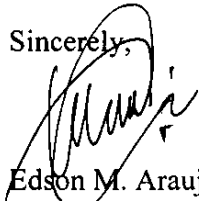
- 1) Corporation Reinstatement Form
- 2) Check #384 in the amount of \$450.00

Due to the fact that this corporation did not receive the annual report notices in 2004, we believe the \$600.00 reinstatement fee should be waived.

Therefore, the check for \$450.00 will cover all fees necessary to reinstate this corporation. These fees are \$150.00 per year, for the years 2004, 2005, 2006.

Please contact me if any further information is needed.

Sincerely,



Edson M. Araujo  
Director