

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY -7 PM 4:01

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000033277

1. Corporation Name

FASHION IMAGES, INC

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

2 NE 40th ST

3. Mailing Office Address

2 NE 40th ST

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

303

City &amp; State

MIAMI

City &amp; State

MIAMI

Zip

33137

Country

USA

Zip

33137

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/19/2004

5. FEI Number

20-0789470

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TYRON BLADES

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

2 NE 40th ST

Suite, Apt. #, Etc.

303

City

MIAMI

State

FL

Zip Code

33137

☒ 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 04/15/10

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	DION WILLIAMS	2 NE 40th ST # 303	MIAMI FL 33137
VP	TYRON BLADES	2 NE 40th ST # 303	MIAMI FL 33137

10. E-mail Address: info@geosnet.com

(To be used for future annual report notification)

11. 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. I further certify, 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

DION WILLIAMS 04/15/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

200176894472  
04/21/10-01029-014 \*\*1000.00

CR2E081 (11/09)

08-10

REINSTATEMENT

200176894472  
04/21/10-01029-015 \*\*500.0008-10 B  
5/11/10