

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -8 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000035909**

1. Corporation Name **image developer inc**

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

2001 Myrtle St
Suite, Apt. #, etc.

3. Mailing Office Address

2001 MYRTLE ST
Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Zip Country

34234

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-21-04

5. FEI Number

51-0494814

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 **Calvin Bryant**
Street Address (P.O. Box Number is Not Acceptable)
2001 Myrtle St
Suite, Apt. #, Etc

City **Sarasota**

State **FL**

Zip Code **34234**

☒ 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 **A**

Date

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
ST	Teresa Hamard	2080 Ben Rd	MYRTLE CITY FL 34251
V	Whitni Bryant	172032 st	Sarasota FL 34234
P	Calvin Bryant	1720 322nd	Sarasota FL

10. E-mail Address:

(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: **Calvin Bryant**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #