

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000074296**

1. Corporation Name

Optimum Images Inc

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

2438 Kimberly Dr

Suite, Apt. #, etc.

3. Mailing Office Address

2438 Kimberly Dr

Suite, Apt. #, etc.

City & State

Deltona FL

City & State

Deltona FL

Zip

32738

Country

Volusia

Zip

32738

Country

Volusia

7. Name and Address of Current Registered Agent

Name

LOTT M SCPIO

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

2438 Kimberly Dr

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32738

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

5/5/09

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
CEO	LOTT M SCPIO	2438 Kimberly Dr Deltona FL 32738	Deltona FL 32738
COO	John Scipio	314 Rachele Lane	Sanford, FL 32771
M	Opal Bailey	428 Conroy Rd	Orlando FL 32835

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CEO

5/5/2009 407 7295409

Date

Daytime Phone #

FILED
09 MAY -7 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400155622144
05/07/09--01011--014 **1200.00

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida

05/4/2004

5. FEI Number

76-0708157

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

NO

☐ 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.

5/12aw