

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 NOV -7 AM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P04000129682**

1. Corporation Name

Image Group USA, Inc.

2. Principal Office Address

1648 Bardmoor Hill Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32835

Country

City & State

Zip

Country

**REINSTATEMENT** 05

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/13/2004

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Rodger D. Moss, Jr.

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

425 W. Colonial Drive

Suite, Apt. #, Etc.

101

City

Orlando

State

FL

Zip Code

32804

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

*Rodger D. Moss, Jr.*

Date: 10/20/05

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	Wail M. Raouf	1648 Bardmoor Hill Circle	Orlando, FL 32835
D	Maissa M. Raouf	1648 Bardmoor Hill Circle	Orlando, FL 32835
			400060924374 10/25/05--01062--003 **600.00
			400060924374 11/07/05--01063--004 **158.75

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:

*Wail Raouf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/2005

Date

Daytime Phone #