## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000000566

Entity Name: MOSAIC IMAGERY INCORPORATED

FILED Oct 10, 2007 Secretary of State

Entity Na	me: MOSAN	U IMAGERY INCORPORATED					
Current Principal Place of Business:				New Principal Place of Business:			
4710 W. IOWA AVE TAMPA, FL 33616				7705 ARELLI DRIVE TRINITY, FL 34655			
Current Mailing Address:				New Mailing Address:			
4710 W. IOWA AVE TAMPA, FL 33616				7705 ARELLI DRIVE TRINITY, FL 34655			
FEI Number	: 20-2093355	FEI Number Applied For ( )	FEI Num	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:		Name and	Address o	of New Registered Agent:	
ZIMMER & LAWSON ACCOUNTING SERV 2403 STATE STREETY TAMPA, FL 33609 US				SNEAD, JEAN E 7705 ARELLI DRIVE TRINITY, FL 34655 US			
	e named entit e of Florida.	y submits this statement for the	purpose of	f changing it	ts registere	d office or registered agent, or both,	
SIGNATURE: JEAN E SNEAD				10/10/2007			
	Electr	onic Signature of Registered A	gent			Date	
		193(2)(b), F.S., the corporation did i	not receive tl	he prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P SNEAD, RON 7705 ALELLI TRINITY,, FL	DRIVE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP STRAUBEL, 4710 W. IOV TAMPA, FL	VA AVE		Title: Name: Address: City-St-Zip:	VP STRAUBEL, 1752 ROSE TRINITY, FL	ROOT COURT	
Title: Name: Address: City-St-Zip:	D SNEAD, JEA 7705 ALELLI TRINITY, FL	DRIVE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D STRAUBEL, 4710 W. IOV TAMPA, FL 3	VA AVE		Title: Name: Address: City-St-Zip:	D STRAUBEL, 1752 ROSE TRINITY, FL	ROOT COURT	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN E SNEAD D 10/10/2007