

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 AUG 12 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000141026

1. Corporation Name

IMAGE PALACE PRODUCTIONS CORP

REINSTATEMENT 07-08

500134333835  
08/11/08--01057--004 \*\*\*308.75  
CR2E081 (12/07)

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

10048 NW 126TH TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

10048 NW 126TH TERRACE

Suite, Apt. #, etc.

City & State

HIALEAH GARDENS

Zip

33018

Country

USA

City & State

HIALEAH GARDENS

Zip

33018

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/08/2006

5. FEI Number

20-5857948

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

LUIS A. MARTINEZ

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

10048 NW 126TH TERRACE

Suite, Apt. #, Etc.

City

HIALEAH GARDENS

State

FL

Zip Code

33018

☒ 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

Date 08/06/2008

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
P	LUIS A. MARTINEZ	10048 NW 126TH TERRACE	HIALEAH GARDENS, FL. 33018
VP	JOSEFINA MARTINEZ	10048 NW 126TH TERRACE	HIALEAH GARDENS, FL. 33018

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:

LUIS A. MARTINEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/06/2008

Date

786-236-7730

Daytime Phone #