


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000126606		
1. Entity Name IMAGE REALTY & MANAGEMENT, INC.		

**FILED**

09 FEB 25 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 1225 W. BEAVER STREET 207 JACKSONVILLE, FL 32204	Mailing Address 11756 CHERRY BARK DRIVE EAST JACKSONVILLE, FL 32218 US
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2. Principal Place of Business - No P.O. Box # 3450 Dunn Ave Suite, Apt. #, etc. Ste 305 City & State Jacksonville FL Zip 32218 Country US	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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02252009 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent SMILEY, JOHNNY F 11756 CHERRY BARK DRIVE EAST JACKSONVILLE, FL 32218	
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4. FEI Number 26-1462207	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Signature, typed or printed name of registered agent and fee if applicable	DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMILEY, JOHNNY F 11756 CHERRY BARK DRIVE EAST JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMILEY, COURTNEY D 11756 CHERRY BARK DRIVE EAST JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600144424396 02/25/09--01024--006 **308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMILEY, CANDACE J 11756 CHERRY BARK DRIVE EAST JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMILEY, JOHNNY F 11756 CHERRY BARK DRIVE EAST JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 08-09 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: X 	2/25/09 (904) 537-8785 Date Daytime Phone #