

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR -6 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PQ3000022052**

1. Corporation Name

THE OFFICE IMAGE INC.

2. Principal Office Address

11905 N. TAMiami TR.

Suite, Apt. #, etc.

A

City & State

NAPLES, FL

Zip

34110

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

07-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0377788

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

THE OFFICE IMAGE INC. / KAREN EMENS

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

11905 N. TAMiami TR. SUITE A

Suite, Apt. #, Etc.

A

City

NAPLES

000003213580-8

04/18/00 01117 004

*****1208.75 ***1208.75**

State

FL

Zip Code

34110

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

Karen Emens

REGISTERED AGENT MUST SIGN

Date **3-31-00**

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
PRES.	STEPHEN L. EMENS	331 LAGOON AVE	NAPLES FL 34108
SECTREAS	KAREN EMENS	331 LAGOON AVE	NAPLES FL 34108

KE

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:

Karen Emens KAREN EMENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00 (941) 597-1116

Date

Daytime Phone #