


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000018757**

1. Corporation Name

IMAGE ART INC.

Principal Place of Business

Mailing Address

**5942 SW 73RD STREET
MIAMI FL 33142**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5942 S.W. 73 ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5942 S.W. 73RD STREET

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI, FLORIDA

Zip

33143

Country

DADE

Zip

33143

Country

DADE

4. Date Incorporated or Qualified To Do Business in Florida

3/4/94

5. FEI Number

05-0479591

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT *96-97*

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
RTD	ADIR, MICHA	7721 S.W. 61 AVE.	MAI, FL, 33143

**600002230906--1
-07/16/97--01100--005
****915.00 ****915.00**

8. Name and Address of Current Registered Agent

**ADIR MICHA
7721 S.W. 61 AVE.
MIAMI, FL, 33143**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Micha Adir

REGISTERED AGENT MUST SIGN

Date

7/9/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

Micha Adir

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/9/97 305 666 5610

Daytime Phone #

CR2040 (12/96)