

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

98 AUG 18 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P9400021833**

1. Corporation Name

**LIVE IMAGES INC.**

Principal Place of Business

Mailing Address

**115 LAKE EMERALD DR. #106 SAME  
FORT LAUDERDALE, FL 33309**

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

2. New Principal Office Address, if Applicable

**115 LAKE EMERALD DRIVE**

3. New Mailing Office Address, if Applicable

**SAME**

4. Date Incorporated or Qualified To Do Business in Florida

**12/95**

State, Apt. #, etc.

**APT 106**

State, Apt. #, etc.

**SAME**

5. FEI Number

**65-0472738**

Applied For

Not Applicable

City & State

**FORT LAUDERDALE, FL**

City & State

**SAME**

Zip

**33309**

County

**BROWARD**

Zip

**SAME**

County

**SAME**

CERTIFICATE OF STATUS OBTAINED

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
PRESID.	ROBERTO ERKERT	115 LAKE EMERALD DR. #106	FT. LAUDERDALE, FL 33309

800002619688-3  
08/19/98-01053-00  
\*\*\*900.00 \*\*\*900.00

**REINSTATEMENT 97-9873**

8. Name and Address of Current Registered Agent

**Roberto Erkert  
1334 NW 80 Terrace Bldg 22  
Miami, Fl. 33176**

9. Name and Address of New Registered Agent

Name

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

State, Apt. #, etc.

City

State

Zip Code

**FL**

10. I, being authorized the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0608, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**8/17/98**

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

(See other aids 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 807 or 817, 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 807.0401 or 817.0401, 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 118.07(3)(l), 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:

**ROBERTO ERKERT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Phone #

**18/17/98/954/614-7406**