

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P94000026080		
1. Corporation Name IMAGE MAKER OF AMERICA, INC.		
Principal Place of Business 15411 CAPTIVA ROAD SUITE 8-A CAPTIVA FL 33924		Mailing Address P.O. BOX 38 CAPTIVA FL 33924
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		
2. New Principal Office Address, If Applicable Image Maker of America, Inc. Suite, Apt. #, etc. 5130 Fox Hunt Drive City & State Wesley Chapel, FL Zip 33543	3. New Mailing Office Address, If Applicable Image Maker of America, Inc. Suite, Apt. #, etc. 5130 Fox Hunt Dr City & State Wesley Chapel FL Zip 33543	4. Date Incorporated or Qualified To Do Business in Florida 04/04/1994
5. FEI Number 65-0494920		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Title(s) D	Name of Officers and/or Directors GROSS, EVELYN	Street Address of Each Officer and/or Director 1511 CAPTIVA ROAD, #8-A
		4 City / State / Zip CAPTIVA FL 33924
REINSTATEMENT <i>01</i>		
1000004740091-5 -12/26/01--01105--021 ***758.75 ***758.75		
8. Name and Address of Current Registered Agent GROSS, EVELYN 15411 CAPTIVA ROAD SUITE 8-A CAPTIVA FL 33924		9. Name and Address of New Registered Agent Name Gross Evelyn Street Address (P.O. Box Number is Not Acceptable) 5130 Fox Hunt Dr Suite, Apt. #, Etc. City Wesley Chapel State FL Zip Code 33543
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 <i>Evelyn</i>		SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date 12-04-2001
11. 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.		

FILED
01 DEC - 7 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (8/01)

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-04-01 813 994-6860
Date Daytime Phone #