


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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 Country
USA

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 Country
USA

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 ☒

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GROSS, EVELYN	1511 CAPTIVA ROAD, #8-A	CAPTIVA FL 33924

REINSTATEMENT 01

100004740091--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

Gross, Evelyn.
5130 Fox Hunt Drive
Wesley Chapel, FL 33543

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

SIGNATURE REQUIRED
[Signature]
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.

SIGNATURE:

SIGNATURE REQUIRED
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-04-01

Date

813 994-6860

Daytime Phone #

CR2E040 (8/01)