FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLEYING THIS FORM.

03 APR -1 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900015751429
04/11/03--01037--031 **1050.00

REINSTATEMENT 01-03

DOCUMENT # P95000010957

1. Corporation Name
Image Yachts Corp

2. Principal Office Address
441 S. State Rd 7 #15

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
MARGATE FL.

Zip
33068

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 02-06-95

5. FEI Number
65-0611512
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
STUART HOWITT

Street Address (P.O. Box Number is Not Acceptable)
441 S. State Rd 7 #15

Suite, Apt. #, Etc.

City
MARGATE

State
FL

Zip Code
33068

I hereby 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
REGISTERED AGENT MUST SIGN

Date 3/5/03

CR2E061 (1-03)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MAGGI, Michele	% 441 S. STATE RD 7 SUITE 15	MARGATE FL. 33068

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 this 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03
Date

Daytime Phone #