

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **995000018359**

1. Corporation Name

Action Plus Image, Inc.

Principal Place of Business

Mailing Address

**1741 Main Street
Suite 101
Sarasota, FL 34236**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

99 MAY 20 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

98-99
180
5/20/99

4. Date Incorporated or Qualified To Do Business in Florida

7 MAR 95

5. FEI Number

65-0565173

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Richard H. Storm	707 S. Gulfstream Ave	Sarasota, FL 34236
VP	Marella Rivolta	215 Robin Drive	Sarasota, FL 34237
VP	Joseph P. Venable	1004 Fourth Avenue W.	Bradenton, FL 34205
Secy.	Piero Rivolta	215 Robin Drive	Sarasota, FL 34237
Treas.	Lorenzo Rivolta	215 Robin Drive	Sarasota, FL 34237

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-06/07/99--01108--010
*****900.00 *****900.00

8. Name and Address of Current Registered Agent

**Joseph P. Venable
Kaklis Reid Venable & Witt, PA
1400 Fourth Avenue W
Bradenton, FL 34205**

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

REGISTERED AGENT MUST SIGN

Date

5-7-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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 617.040, 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:

RICHARD H. STORM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/99
Date

(41)954.0355
Daytime Phone #

CR2E081 (12/98)