

APPLICATION
FOR
REINSTATEMENT



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

pg. 10/2

DOCUMENT # P 96 0000 18536

1. Corporation Name

THE IMAGING SOURCE INC.

97-AR

97 DEC 22 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2960 NW BOCA RATON BLVD
BOCA RATON, FL 33431

218 S. VAN BRUNT ST.
ENGLEWOOD, NJ 07631

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0652311

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	RICHARD KATZ	30 MALLARD CT.	ENGLEWOOD, NJ 07631
SEC.	HENRY KASINDORF	315 E. 86TH STREET #8P	NEW YORK, NY 10028
VP	HERBERT PACHTINGER	11105 HARBOUR SPRINGS CIRCLE	BOCA RATON, FL 33428
VP	DAVID FREDERICKS	249 NW 48TH AVE	DEERFIELD BEACH, FL 33442

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICHARD KATZ

2960 N.W. Boca Raton Blvd.
Boca Raton, Fl 33431

Name

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

Suite, Apt. #, Etc.

City

0000002303380

-12/26/97-01070-009

***17 State Zip ***173.75

FL

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

X

REGISTERED AGENT MUST SIGN

Date

12/3/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 617.0401, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD KATZ

12/3/97

Date

Daytime Phone #

pg. 2 of 2

**The Imaging Source Inc.
218 S. Van Brunt Street
Englewood, NJ 07631**

December 3, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention Stacy:

Re: The Imaging Source Inc.
Application for Reinstatement

Enclosed is our application for reinstatement along with our check for \$173.75 as discussed in our conversation on November 10, 1997. This will cover the \$165.00 annual fee as well as the \$8.75 Certificate of Status fee. We apologize for the late filing, but were unaware that an annual report was required by Florida Statutes.

We appreciate your understanding in this matter.

Sincerely,


Richard Katz

We did not receive our first notice.



Amy -

If you have any questions please call me at
(201) 816-8500

Thanks -

