PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 AUG -9 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000020456

REINSTATEMENT 9801

1. Corporation Name
IMAGE EXPRESS BROWARD, INC.

2. Principal Office Address	**3.** Mailing Office Address
2139 N UNIVERSITY DR	2139 N UNIVERSITY DR
Suite, Apt. #, etc. 136	Suite, Apt. #, etc. 136
City & State CORAL SPRING, FL 33071	City & State CORAL SPRING FL
Zip 33071 / Country BROWARD	Zip 33071 / Country BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 03/04/1996

5. FEI Number: 65-0644865 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required. Form Certificate of Status

7. Name and Address of Current Registered Agent

Name: DORIS CLARKE

Street Address (P.O. Box Number is Not Acceptable): 2139 N UNIVERSITY DR

Suite, Apt. #, Etc.: 136

City: CORAL SPRING — State: FL — Zip Code: 33071

8. I, being 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: Doris Clarke — Date: _____
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DORIS CLARKE	2139 N UNIVERSITY DR	CORAL SPRING, FL 33071
			500004537085--1 -08/16/01--01011--008 ***1050.00 ***1050.00
			500004537085--0 -08/16/01--01011--003 ****158.75 ****158.75
		W01000017127	

10. 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: Doris Clarke — 7/20/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #