

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Amended 2005 AR

AND
FILED

05 NOV 21 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
RESTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AMENDED

DOCUMENT # **P96600049453**

1. Corporation Name

Image Station, Inc

2. Principal Office Address **2820**

~~2820~~ **Schenen Dr. N**

Suite, Apt. #, etc.

220

City & State

St. Petersburg FL

Zip

33716

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

11

City & State

11

Zip

11

Country

11

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2785188

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Louis A. Albano

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

102 N. Bayshore Blvd

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33759

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/4/05

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	102 ↓ Street Address of Each Officer and/or Director	City / State / Zip
CEO	Louis A. Albano	102 N. Bayshore Blvd CLEARWATER FL	CLEARWATER FL 33759

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11/21/05--01044--002 **61.25

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.

K. Eske NOV 22 2005

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis A. Albano, CEO

Date

Daytime Phone #

11/4/05 33759