

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF STATUS
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **PC17000009085**
1. Corporation Name
IMAGE AUTO, INC.

Principal Place of Business Mailing Address
**3060-B N.W. 23rd Ave
FT. Lauderdale, FL 33311**

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

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

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.	David Lanzi	3522 Sahara Springs Blvd	Pompano Bch, FL 33069

300002766893--5
-02/08/99--01013--001
******300.00 ****300.00**

8. Name and Address of Current Registered Agent

David Lanzi
3522 Sahara Springs Blvd
Pompano Bch, FL 33069

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

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 617.0401, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(2)

January 11, 1999

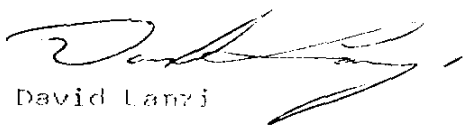
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Image Auto Inc.
3060B NW 23rd Avenue
Ft. Lauderdale, FL 33311
FED ID# 65-0765438

To whom it may concern:

This brief note is to inform you that I am requesting a waiver on the reinstatement fees or a reduction. When the business relocated, I called to notify your office of the new address. I also asked them to forward the Annual Corporation forms to my new address. Due to the misdirected mail in the move I never received the forms. Please be so kind as to reconsider your reinstatement fees due to these circumstances.

Sincerely,


David Lanzi