PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

98-99 AR

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

(1)

FILED
99 JAN 27 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000009085

1. Corporation Name
IMAGE AUTO, INC.

Principal Place of Business
3060-B N.W. 23rd Ave
Ft. Lauderdale, Fl. 33311

Mailing Address

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 1/30/97

5. FEI Number 65-0765438 ☐ 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)

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

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

B. 1/27/99 98-99 AR

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

CR2E081 (12/98)

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 1/11/99

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 617.0401, 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
David Lanzi
Date 1/11/99
Daytime Phone # (954)971 7625

(2)

January 11, 1999

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

RE: Image Auto Inc.
30608 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