

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 22 PM 5:12

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000026934**

1. Corporation Name

**LIVING IMAGE, INC.,
a FLORIDA CORPORATION**

2. Principal Office Address

4025 SUNBEAM ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip Country

32257 USA

3. Mailing Office Address

4025 SUNBEAM ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip Country

32257 USA

REINSTATEMENT 0005

4. Date Incorporated or Qualified
To Do Business in Florida

03-18-1997

5. FEI Number

59-1666402

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

STEVEN B. BENNETT

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

4025 SUNBEAM ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32257

**700055207327
05/24/05--01087--003 **15 08.75**

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

Steven B. Bennett

Date

4-22-05

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
P/D	NANCY C. BENNETT	4025 SUNBEAM ROAD	JACKSONVILLE/FL/32257
V/P	STEVEN B. BENNETT	4025 SUNBEAM ROAD	JACKSONVILLE/FL/32257
S/T	DEENA G. FAULKNER	6408 HYDEGROVE AVENUE	JACKSONVILLE/FL/32210

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:

Nancy C. Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-22-05

Daytime Phone #

904 730 8585

CR2E081 (01/05)