

DEC-17-98 07:12 PM MIAMI OFFICE

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APPROVED
AND
FILED

P. 61

H98000023615

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

1998 DEC 18 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000039241

1. Corporation Name

Image Maker Creative Service Inc.

REINSTATEMENT '98

SCC 12-18-98

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified 5/2/97 3a. Date of Last Report

4. FEI Number ☒ Applied For
Not Applicable

2. Principal Place of Business

21 3210 Nautical Way

2a. Mailing Address

26 3210 Nautical Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Lantana FL

28 Lantana FL

Zip

County

Zip

County

24 33462

25

29 33462

30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Amerilawyer Chartered
343 Almeria Avenue
Coral Gables, FL 33134

10. Name and Address of New Registered Agent

81 Name
Joseph A. Matucella
82 Street Address (P.O. Box Number is Not Acceptable)
3210 Nautical Way
83
84 City
Lantana FL 85 Zip Code
33462

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0305, Florida Statutes.

SIGNATURE J. A. MATUCELLA by L.A. URIARTE AS ATTORNEY-IN-FACT 12/17/98
Signature, typed or printed name of registered agent and true of applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P.D. ☐ DELETE
NAME Joseph A. Matucella
STREET ADDRESS 3210 Nautical Way
CITY-ST-ZIP Lantana FL 33462TITLE V ☐ DELETE
NAME Suzanne G. Matucella
STREET ADDRESS 3210 Nautical Way
CITY-ST-ZIP Lantana FL 33462TITLE S.T. ☐ DELETE
NAME Deanna C. McClay
STREET ADDRESS 3210 Nautical Way
CITY-ST-ZIP Lantana FL 33462TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE Joseph A. Matucella, President, by L.A. Uriarte as attorney-in-fact 12/17/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Phone #

H98000023615

Florida Department of State
Division of Corporations
Public Access System
Sandra B. Mortham, Secretary of State

Electronic Filing Cover Sheet

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((H98000023615 1)))

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (305)672-0686
Fax Number : (305)672-9110

CORPORATION REINSTATEMENT

IMAGE MAKER CREATIVE SERVICE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$750.00

305 5729110
APPROVED
AND
FILED

P-07

H98000023617

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000098311

1. Corporation Name

Argent Publishing Corporation

DEC 18 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

78

SCC 12-18-98

Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21 3210 Nautical Way	26 3210 Nautical Way	3. Date Incorporated or Qualified 11/18/97	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report	
22	27	4. FBI Number	
City & State	City & State	<input checked="" type="checkbox"/> Applied For	
23 Lantana FL	28 Lantana FL	<input type="checkbox"/> Not Applicable	
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33462	29 33462	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
County	County	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Joseph A. Matuella
3210 Nautical Way
Lantana, FL 33462

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE J.A. MATUELLA by L.A. ULMARTE AS ATTORNEY IN FACT 12/17/98

Signature typed or printed name of registered agent and title of applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P.D. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph A. Matuella	1.2 NAME	
STREET ADDRESS	3210 Nautical Way	1.3 STREET ADDRESS	
CITY-ST-ZIP	Lantana FL 33462	1.4 CITY-ST-ZIP	
TITLE	D. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Philippe Jenneyla	2.2 NAME	
STREET ADDRESS	3779-4 Sandpiper Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Boynton Beach FL 33436	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on attachment with an address.

SIGNATURE Joseph A. Matuella, President, by L.A. as attorney-in-fact 12/17/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Payphone Phone #

H98000023617