

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P97000062361

1. Corporation Name
IMAGE RENEWED, INC.

Principal Place of Business: 6519 125TH AVENUE NORTH, LARGO FL 33773
Mailing Address: 6519 125TH AVENUE NORTH, LARGO FL 33773

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

FILED
99 NOV -8 AM 9: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *99*

4. Date Incorporated or Qualified To Do Business in Florida: 07/17/1997 *SP*

5. FEI Number: 59-3461845 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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	DEMATTEIS, RALPH A	1800 72ND AVE. N.E.	ST. PETERSBURG FL 33702
D	TEIGMAN, JACK	2150 40TH ST. NORTH, STE. F 6519 125th Avenue North	ST. PETERSBURG FL 33710 Largo, FL 33773
D	TEIGMAN, DEBRA	6519 125th Avenue North	Largo, FL 33773
			3000003050653--E -11/22/99--01029--007 ***750.00 ***750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MILLER, RANDELL 315 SOUTH HYDE PARK AVE. TAMPA FL 33606		Name: George M. Osborne Street Address (P.O. Box Number is Not Acceptable): 433 - 4th Street No. Suite, Apt. #, Etc.: City: St. Petersburg State: FL Zip Code: 33701	

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: *George M. Osborne* Date: 10-22-99
REGISTERED AGENT MUST SIGN

11. 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: *Jack Teigman* Date: 10-21-99 Daytime Phone #: 727-531-7494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JACK TEIGMAN MD, PRESIDENT, CEO

CR2E040 (8/99)