

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 APR 17 AM 8:43

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000066950

1. Corporation Name

DENIM IMAGE INC

900099256389  
04/30/07--01003--007 \*\*450.00

2. Principal Office Address - No P.O. Box #

2251 N.E 202 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33180

Country

U.S.A

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 05-07**  
CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

08.01.1997

5. FEI Number

650776888

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

ABRAHAM NAYMARK

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

2251 N.E 202 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33180

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Am. Naymark

REGISTERED AGENT MUST SIGN

Date 4.12.2007

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
PD	NAYMARK ABRAHAM	2251 N.E 202 ST	MIAMI FL 33180
STD	NAYMARK IRIT	2251 N.E 202 ST	MIAMI FL 33180

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 contained in Chapter 119, 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:

Am. Naymark ABRAHAM NAYMARK

4.12.2007

305-710-9083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PC 4/20