

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 SEP -5 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096156

1. Corporation Name

IMAGE MEDIA & MARKETING, INC.

2. Principal Office Address

8515 Baymeadows Way

3. Mailing Office Address

8515 Baymeadows Way

Suite, Apt. #, etc.

Suite 303

Suite, Apt. #, etc.

Suite 303

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32256

Country

Duval

Zip

32256

Country

Duval

REINSTATEMENT 05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

November 10, 1997

5. FEI Number

593477279

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

Sopchak, James S.

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

8515 Baymeadows Way

Suite, Apt. #, Etc.

Suite 303

City

Jacksonville

State

FL

Zip Code

32256

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

8-22-06

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
D	Sopchak, James S.	8515 Baymeadows Way, Suite 303	Jacksonville, FL 32256

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-22-06 (904) 367 0803

Daytime Phone #