

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 MAR 16 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000011494

**1. Corporation Name**

Pure Imagery Enterprises INC

**2. Principal Office Address**

33 E. Robinson St

Suite, Apt. #, etc.

Suite 250

City & State

Orlando FL

Zip

32801

Country

USA

**3. Mailing Office Address**

33 E. Robinson St.

Suite, Apt. #, etc.

Suite 250

City & State

Orlando FL

Zip

32801

Country

USA

**REINSTATEMENT** 00-01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/3/98

**5. FEI Number**

59-3491602

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

Jodi Stout

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

703 Valencia Shores Drive

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

**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

Jodi Stout  
REGISTERED AGENT MUST SIGN

Date 3/16/01

**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
Pres	Jodi Stout	33 E. Robinson St, Suite 250	Orlando FL 32801
			700003911747-1 -03/27/01--01044--021 *****900.00 *****900.00

**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:**

Jodi Stout  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01  
Date

407-481-8686  
Daytime Phone #

CR2E081 (9/00)