PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JUN 10 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000012462

1. Corporation Name
The Image Factory Inc.

REINSTATEMENT 02-03

2. Principal Office Address	**3.** Mailing Office Address
1500 San Remo ave	1500 San Remo ave.
Suite/Apt. #, etc.: 249	Suite, Apt. #, etc.: Suite 249
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33146 Country: Dade	Zip: 33146 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0040336 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

500002075450
06/10/03--01042--014 **10.00

Name: Walter N. Strump
Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo ave. Suite 249
Suite, Apt. #, Etc.: Suite 249
City: Coral Gables State: FL Zip Code: 33146

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: _____ Date: 4.25.03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	Walter N. Strump	1500 San Remo ave. Suite 249	Coral Gables, FL 33146
		200018316822	
		05/07/03--01013--003 **750.00	

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: _____ 4.25.03 305.666.5559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gp 6/4