

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

182

FILED

03 OCT 21 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000030113**

1. Corporation Name

EXECUTIVE IMAGE, INC.



Principal Place of Business

Mailing Address

20533 BISCAYNE BLVD SUITE 132
AVENTURA FL 33180

20533 BISCAYNE BLVD
PMB 132
AVENTURA FL 33180

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0824861

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

1

NEDUSKI, SUE

615 NE 12 AVE

FT LAUDERDALE FL 33304

2

BERNARD, MARILYN

19195 Mystic Pk Drive

AVENTURA, FL 33180

900023970339
10/21/03--01062--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEDUSKI, SUE
615 NE 12 AVE
FT LAUDERDALE FL 33304

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN BERNARD

Date

10/14/03

Daytime Phone #

305-792-7211

CR2E040 (7/03)

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Marilyn Bernard

10/14/03

To whom it may concern

Executive Image NEVER RECEIVED

ANNUAL Report/uniform business Report or
SECOND NOTICE for year 2003.

Enclosed is check # 3513 For \$150.00

Marilyn Bernard
MARILYN BERNARD
Sect