

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 18 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A98000037H5L**

1. Corporation Name

Brendan Reid Int'l Imaging, Inc.

2. Principal Office Address

2073 TARPON LAKE Way

3. Mailing Office Address

2073 TARPON LAKE Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33411

Country

USA

Zip

33411

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/23/98

5. FEI Number

☒ 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

Jacqueline T. Reid

600003236136-6

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

2073 TARPON LAKE Way

-05/03/00-01018-010

******300.00 ****300.00**

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33411

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

Jacqueline T. Reid

REGISTERED AGENT MUST SIGN

Date *4/10/00*

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
<i>Pres.</i>	<i>Jacqueline T. Reid</i>	<i>2073 TARPON LAKE Way</i>	<i>West Palm Beach, FL 33411</i>
<i>Sec.</i>	<i>"</i>	<i>"</i>	<i>"</i>
<i>Treas.</i>	<i>"</i>	<i>"</i>	<i>"</i>

SP

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:

Jacqueline T. Reid

Jacqueline T. Reid

4/10/00 (561) 385-5421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)



BRENDAN REID INT'L.
IMAGING INC.

April 12, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399


To Whom It May Concern:

I am writing in reference to a corporation reinstatement for Brendan Reid International Imaging, Inc., Document #P98000007733. Per our phone conversation, I am enclosing a check for \$300 for this year and last year.

I understand there is a one time waiver of the reinstatement fees and I would appreciate the opportunity to exercise this option. I moved and received no notification of any fees due to you, otherwise these fees would have been paid.

I certainly appreciate all of your help. If you need any additional information, I can be reached at (561)385-5421. My new address is 2073 Tarpon Lake Way, FL 33411.

Sincerely,


Jacqueline T. Reid