

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -9 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98 000077432

1. Corporation Name

IMAGE INDEXING, INC

2. Principal Office Address

860 N.W. 86 AVE

Suite, Apt. #, etc.

609

City & State

PLANTATION, FL

Zip

33324

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 09/08/1998

5. FEI Number
65-0862606

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-24

7. Name and Address of Current Registered Agent

Name

ROBERT IRVINE

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

4950 N.W. 73 AVENUE

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33319

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 8/5/04

REGISTERED AGENT MUST SIGN

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
PD	JOHN ROSS	1848 RUNNERS WAY	N. LAUDERDALE, FL 33068
D	PHILIPPA CHIN- SANG	1848 RUNNERS WAY	N. LAUDERDALE, FL 33068
S	ROBERT IRVINE	4950 N.W. 73 AVE	LAUDERHILL, FL 33319

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:

ROBERT IRVINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/04

Date

(954) 557-0159

Daytime Phone #

CR2E081 (01/04)