

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 NOV 13 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BY 11-15-07

REINSTATEMENT 04.07

CR2E081 (1/07)

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000010331

1. Corporation Name

Vivid Images USA, Inc.

W07-44376

2. Principal Office Address - No P.O. Box #

1730 E. Duval St

Suite, Apt. #, etc.

3. Mailing Office Address

SCM2

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

Country

32202

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

59-3635553

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

Kenneth D. Tapper

Street Address (No P.O. Box Number or Post Office Address)

1730 E. Duval St.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32202

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 8/15/07

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	Kenneth D. Tapper	2485 The Woods Dr. E.	JACKSONVILLE FL 32246

500112236679
11/13/07-01054-011 **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 contained in Chapter 119, 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

8/15/07

Date

Daytime Phone #

904 620
0303