


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

'03 APR 10 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000031954

1. Corporation Name  
Mahogany Images, Inc.

2. Principal Office Address <u>14775 N.W. 22nd Ct</u> Suite, Apt #, etc		3. Mailing Office Address <u>P.O. Box 823698</u> Suite, Apt #, etc	
City & State <u>OPA-Locka, FL</u>		City & State <u>South Florida, FL</u>	
Zip <u>33054</u>	Country <u>Dade</u>	Zip <u>33082</u>	Country <u>Broward</u>

4. Date Incorporated or Qualified To Do Business in Florida 4-8-1999

5. FEI Number 650909530

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

7. Name and Address of Current Registered Agent

Name Geraldine Barney

Street Address (P.O. Box Number is Not Acceptable)  
16533 S.W. 19 St

Suite, Apt #, Etc.

City Miramar

State <u>FL</u>	Zip Code <u>33027</u>
--------------------	--------------------------

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 Geraldine Barney Date 4-4-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>Geraldine Barney</u>	<u>16533 S.W. 19 St</u>	<u>Miramar, FL 33027</u>

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: Geraldine Barney Date 4-4-03 Daytime Phone # 786-271-4305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP-2200a (10/02)

js 4/10

**MAHOGANY IMAGES INC.**

**P.O. BOX 823698 SOUTH FLORIDA  
FLORIDA 33082-3698**

**To:**

**Date: 03/25/2003**

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

**Sir/ madam,**

**I am writing to support my application for the reinstatement of the above named corporation as per my telephone conversation with Michelle.**

**When I moved from my previous address I informed Tallahassee of my new address but never received a reply.**

**I am now enclosing with my application the fee of \$ 600.00 as instructed by her.**

**Yours truly,**

**Geraldine Barney**

**President Mahogany Images Inc.**