

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 20 PM 1:03

DOCUMENT # P99000037533

1. Corporation Name

IMAGE BOOSTERS, INC.

Principal Place of Business

Mailing Address

~~1005 MOOK STREET~~ 1313 Gulfstream Cir. ~~1005 MOOK STREET~~ 1313 Gulfstream Cir.
~~BRANDON FL 33510~~ #302 ~~BRANDON FL 33510~~ #302
Brandon, FL 33511 Brandon, FL 33511



REINSTATEMENT

00-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1313 GULFSTREAM CIR

Suite, Apt. #, etc.

#302

City & State

Brandon, FL

Zip

33511

Country

HILLSBOROUGH

3. New Mailing Office Address, If Applicable

1313 GULFSTREAM CIR

Suite, Apt. #, etc.

#302

City & State

Brandon, FL

Zip

33511

Country

HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1999

SP

5. FEI Number

59-3571106

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES	JULIAN AYSCUE	1313 Gulfstream Cir #302	Brandon, FL 33511
SEC.	JASON AYSCUE	1112 Swilley Road	Plant City, FL 33567
V. PRES			
TREAS			

700004467747--7
-07/10/01--01072--003
***900.00 ***900.00

8. Name and Address of Current Registered Agent

AYSCUE, JULIAN D
1005 MOOK STREET
BRANDON FL 33510

9. Name and Address of New Registered Agent

Name

AYSCUE, JULIAN D.

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

1313 Gulfstream Cir.

Suite, Apt. #, Etc.

#302

City

BRANDON

State

FL

Zip Code

33511

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 6-12-01

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-01

Date

813/624-5767

Daytime Phone #

CR2E040 (8/00)