

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -3 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1422

DOCUMENT # 999000048142

1. Corporation Name
E Image, Inc.

2. Principal Office Address
8340 Chason Rd. E.

Suite, Apt. #, etc.

City & State
Jacksonville FL

Zip Country
32244-5444 USA

3. Mailing Office Address
P. O. Box 440564

Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip Country
32222 USA

4. Date Incorporated or Qualified To Do Business in Florida 05/24/1999

5. FEI Number 593320121 Applied For Not Applicable

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

300015284283
04/03/03--01025--017 **300.00
020342

7. Name and Address of Current Registered Agent

Name
Matthew J. Waters

Street Address (P.O. Box Number is Not Acceptable)
8340 Chason Rd. East

Suite, Apt. #, Etc.

City
Jacksonville

State Zip Code
FL 32244-5444

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 _____
REGISTERED AGENT MUST SIGN

Date 03/31/2003

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
DPT	Matthew J. Waters	8340 Chason Rd. E.	Jacksonville, FL 32244
DVPS	Wendy L. Waters	8340 Chason Rd. E.	Jacksonville, FL 32244

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: Wendy L. Waters Wendy L. Waters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 03/31/2003 904-778-7830

Date Daytime Phone #

CR2E081 (10/02)

2 of 2

March 31, 2003

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

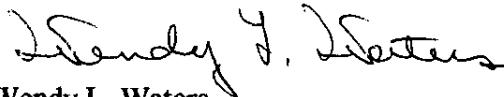
Re: Corporation renewal of E Image, Inc.

To Whom It May Concern:

E-Image, Inc., FIN # 593320121, never received the forms to renew the corporation in 2002 and was dissolved on 10/4/02. Per my conversation with an employee in the reinstatement department, please find attached the Corporation Reinstatement form along with a \$300 check to reinstate the company.

If you have any questions, please feel free to contact me at 904-778-0240. Thank you.

Sincerely,



Wendy L. Waters
Vice President/Secretary