

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -6 AM 8:01

DOCUMENT # V14332

1. Corporation Name

ELECTRIC IMAGE OF SOUTH FLORIDA, INC.

Principal Place of Business

3223 NW 10 TERRACE
STE #607-608
FORT LAUDERDALE FL 33309
US

Mailing Address

3223 NW 10 TERRACE
STE #607-608
FORT LAUDERDALE FL 33309
US



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0314467

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	WEBER, RONALD J.	150 SE 11TH ST.	POMPANO BEACH FL
DP	Weber, Ronald J.	6034 NW 56 th Circle	Coral Springs FL

600008830296
11/06/02--01080--008 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEBER, RONALD J.

~~150 SE 11TH ST.~~

POMPANO BEACH FL 33060

Name

Weber, Ronald J.

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

6034 NW 56th Circle

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

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. or 617.0505, F.S.

Signature of
Registered Agent

Ronald J. Weber
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/17/02

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:

Ronald J. Weber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/02 9545651862