

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 DEC 21 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K06137**  
1. Corporation Name  
**I.M.C. (U.S.A.), INC.**

2. Principal Office Address <b>729 SE 17<sup>th</sup> STREET CAUSEWAY</b>		3. Mailing Office Address <b>729 SE 17<sup>th</sup> STREET CAUSEWAY</b>	
Suite, Apt. #, etc. <b>SUITE B</b>		Suite, Apt. #, etc. <b>SUITE B</b>	
City & State <b>FORT LAUDERDALE, FL</b>		City & State <b>FORT LAUDERDALE, FL</b>	
Zip <b>33316</b>	Country <b>USA</b>	Zip <b>33316</b>	Country <b>USA</b>

**REINSTATEMENT** **99-00**

4. Date Incorporated or Qualified To Do Business in Florida <b>12/10/1987</b>	
5. FEI Number <b>650294688</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <b>LITMAN, NEAL S., P.A.</b>	200003514442-5
Street Address (P.O. Box Number is Not Acceptable) <b>2900 S.W. 28<sup>th</sup> TERRACE</b>	-12/27/00-01061-009 ***900.00 ***900.00
Suite, Apt. #, Etc. <b>GROVE PLAZA - SECOND FLOOR</b>	
City <b>COCONUT GROVE</b>	State <b>FL</b> Zip Code <b>33133</b>

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: **12-14-00**

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
<b>P</b>	<b>BILL WILSON</b>	<b>C/O APSLEY HOUSE, 78 WELLINGTON STREET</b>	<b>LEEDS, LS1 2EQ ENGLAND, U.K.</b>
<b>S</b>	<b>IAN DAVIES</b>	<b>671 WILLOW GROVE TERRACE</b>	<b>DAVIE, FL, 33325</b>
			<b>LS</b>

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: **IAN DAVIES** Date: **12/14/2000** Daytime Phone #: **954-468-5556**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)