

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1402

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 16 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000018769

1. Corporation Name

INTL. MKTG. ASSOC. OF THE AMERICAS
8600 NW 53RD TER #107
MIAMI, FL 33166

W03000012184

2. Principal Office Address

3. Mailing Office Address

13072 NW 11TH CT

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

107

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33166

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

Applied For

Not Applicable

650402049

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

800016666458
04/22/03--01052--006 **300.00

7. Name and Address of Current Registered Agent

Name

JOSE RODRIGUEZ

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

6155 PARADISE POINT DR.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

800016666458

06/16/03--01035--011 **150.00

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

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
ASSOC DIRECTOR	JOSE RODRIGUEZ	6155 PARADISE PT. DR.	MIAMI, FL 33157
ASSOC. DIRECTOR	LOURDES ARCEVERA	13072 NW 11TH CT	SUNRISE, FL 33323

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOURDES ARCEVERA

Date

Daytime Phone #

4/3/03 (305) 597-9834

CR2E081 (10/02)

2012



*International Marketing Associates
Of The Americas*

March 18, 2003

Dept. of State -
Div. of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Please be advised that our company, International Marketing Associates of the Americas, was erroneously dissolved by your division due to lack of receipt of registration forms from this department.

Note, that we moved our offices in 2001 and we filed our new address with the local post office.

We have contacted your office for reinstatement and have been advised we need to send the amount of \$1,050. Please note that this is an exorbitant amount of money and we feel we should not be penalized when forms were never received in our office.

Looking forward to a positive resolution to this matter.

Sincerely,

Lourdes Arce Vera
Associate Director

4/29/03

CORPORATE DETAIL RECORD SCREEN

11:52 AM

NUM: P93000018769 •ST:FL INACTIVE/FL PROFIT FLD: 03/12/1993

LAST: ADMIN DISSOLUTION FOR ANNUAL REPORT FLD: 09/21/2001

FEI#: 65-0402049

NAME : INTERNATIONAL MARKETING ASSOCIATES OF THE AMERICAS, INC.

PRINCIPAL: 8350 NW 52ND TERR

CHANGED: 09/03/97

ADDRESS 407

MIAMI, FL 33166 US

RA NAME : RODRIGUEZ, JOSE

NAME CHG: 03/01/99

RA ADDR : 8 SABAL COURT

ADDR CHG: 03/01/99

SEWALLS, FL 34996

ANN REP : (1998) BY 03/12/98 (1999) A 03/01/99 (2000) A 02/20/00

1. MENU, 3. OFFICERS, 4. EVENTS

** INVALID SELECTION...PLEASE RE-ENTER **
ENTER SELECTION AND CR: