

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 JUL -3 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # **P940000016793**

1. Corporation Name
IMPERIAL BUSINESS PARK, INC.

2. Principal Office Address
~~999~~ **999 PONCE DE LEON BLVD.**

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
STE 1000

City & State
CORAL GABLES

Zip
33134 Country
DADE

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida
3/03/94

5. FEI Number
650475604

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
PETER CARLOS

Street Address (P.O. Box Number is Not Acceptable)
999 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.
STE 1000


City
CORAL GABLES

State
FL

Zip Code
33134

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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 **6/28/01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	PETER CARLOS	999 PONCE DE LEON BLVD STE 1000 CORAL	
TREAS	"	GABRIEL GABRIEL, PR	33134
SECTY	"		

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)(f), 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:  **PETER CARLOS** Date **6/28/01** Daytime Phone # **305 444 1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10001 (06/01)