PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 JAN 14 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H02000112134)))

CORPORATION REINSTATEMENT

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

DOCUMENT # **P95000035106**

1. Corporation Name **INVESTMENT MANAGEMENT CORP.,INC.**

10400 N.W 33RD STREET
SUITE # 210
MIAMI , FLORIDA 33172-1200

2. Principal Office Address	3. Mailing Office Address
10400 N.W 33RD STREET	
Suite, Apt. #, etc. **SUITE 210**	Suite, Apt. #, etc.
City & State **MIAMI, FLORIDA**	City & State
Zip **33172-1200** / Country **U.S**	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida **05/04/1995**

5. FEI Number **52-2320875** ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name **JOEL VIDAL**

Street Address (P.O. Box Number is Not Acceptable) **10400 N.W 33RD STREET** REINSTATEMENT 96-02

Suite, Apt. #, Etc. **SUITE 210**

City **MIAMI** / State **FL** / Zip Code **33172-1200**

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: Joel Vidal Date: **01/09/2002**

REGISTERED AGENT MUST SIGN

CR2E081 (6/99)

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
PRES	JOEL VIDAL	10400 N.W 33RD STREET SUITE 210	MIAMI, FLORIDA 33172-1200
V-PRE	JOEL VIDAL	10400 N.W 33RD STREET SUITE 210	MIAMI, FLORIDA 33172-1200
SECT	JOEL VIDAL	10400 N.W 33RD STREET SUITE 210	MIAMI, FLORIDA 33172-1200
TREAS	JOEL VIDAL	10400 N.W 33RD STREET SUITE 210	MIAMI, FLORIDA 33172-1200

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: Joel Vidal **01/09/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(((H02000112134)))

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : TCW CREDIT BUREAU, CORP.
Account Number : I19990000277
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Fax Number : (305)471-7929

CORPORATION REINSTATEMENT

INVESTMENT MANAGEMENT CORP., INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,658.75