

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

102

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



2000ubl

FILED

DOCUMENT # 377735

1. Corporation Name

IMPERIAL CONSULTANTS CORP.

00 NOV 17 PM 3: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

822 NORTHLAKE BLVD
NORTH PALM BEACH FL 33408

822 NORTHLAKE BLVD
NORTH PALM BEACH FL 33408



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

2. New Principal Office Address, If Applicable

8107 DAMASCUS DRIVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

03/05/1971

5. FEI Number

59-1318044

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

City & State

PALM BCH GARDENS, FL

City & State

Zip

33418

Country

US

Zip

Country

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
PSD	EMMONS, ROBERT, JR.	822 NORTHLAKE BLVD.	NORTH PALM BEACH FL
			300003496729--0 -12/12/00--01036--001 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

EMMONS, ROBERT, JR.
822 NORTHLAKE BLVD.
NORTH PALM BEACH FL 33408-2210

New address only

9. Name and Address of New Registered Agent

Name

ROBERT EMMONS

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

8107 DAMASCUS DRIVE

Suite, Apt. #, Etc.

City

PALM BCH GARDENS

State

FL

Zip Code

33418

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.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/14/2000

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/2000
Date

561 626 9473
Daytime Phone #

CR2E040 (8/00)

2002

Imperial Consultants Inc.
8107 Damascus Drive
Palm Beach Gardens, FL 33418
561-626-9473

November 14, 2000

Florida Dept. of State
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 323314-6327

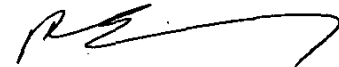
Subject: Document 377735 -
Request to Waive Fee

Dear Sir or Madam:

Enclosed please find my application for Reinstatement for Imperial Consultants, Inc. The Annual Report Fee packet was sent to the old address and was never forwarded to the current one. The new address is listed in the Application.

Since I did not have the information to comply with the filing deadline, I respectfully request that the \$600 Reinstatement Fee be waived. Attached please find a check for \$150 to cover the Annual Report Fee and the Corporate Supplemental Fee. Thank you for your help.

Sincerely,



Robert M. Emmons Jr.