

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 31 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 528117

1. Corporation Name

IMPERIAL LAKES REALTY CORPORATION

REINSTATEMENT 03-04

600030245486

03/10/04--01068--017 **750.00

2. Principal Office Address

5950 IMPERIAL LAKES BLVD

3. Mailing Office Address

5950 IMPERIAL LAKES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MULBERRY FL

City & State

MULBERRY FL

Zip

Country

33860 US

Zip

Country

33860 US

4. Date Incorporated or Qualified
To Do Business in Florida

1978

5. FEI Number

59-1724941

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

MARTHA BELL

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

3500 S FLORIDA AVE #5

Suite, Apt. #, Etc.

LAKELAND FL 33803

City

State

FL

Zip Code

600030245486

03/31/04--01060--005 **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

Martha Bell

Date

3-4-04

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
PRES	THOMAS MCGUAMORY	5950 IMPERIAL LAKES BLVD	MULBERRY, FL 33860

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:

Thomas McGuamory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-4-04

Daytime Phone #

863-646-5066

CR2001 (01/04)