

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F02000004507

1. Corporation Name

IMANI TECHNOLOGIES MANAGEMENT SERVICES, INC.

Principal Place of Business

5000-7 NORWOOD AVENUE
JACKSONVILLE FL 32208

Mailing Address

3355 BRECKINRIDGE BLVD., SUITE 132
DULUTH GA 30096

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/2002

5. FEI Number

58-2658613

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PRICE, BRUCE W	3355 BRECKINRIDGE BLVD., SUITE 132	DULUTH GA 30096
CO	MOOSE, EDDIE	3355 BRECKINRIDGE BLVD., SUITE 1	DULUTH GA 30096
Sec	Price Angela, W.	3355 Breckinridge Blvd Suite 132	Duluth, Ga 30096

900023764829
10/13/03-01093-022 **150.00

8. Name and Address of Current Registered Agent

PRICE, BRUCE W
5000-7 NORWOOD AVENUE
JACKSONVILLE FL 32208

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Bruce W. Price
REGISTERED AGENT MUST SIGN

Date 10-9-03

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:

Bruce W. Price Bruce W. Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-03 904-768-4638

CR2E040 (7/03)



IMANI • TECHNOLOGIES • MANAGEMENT • SERVICES

Imani Technologies Management Services, Inc.
3355 Breckinridge Blvd.
Suite 132
Duluth, Ga. 30096
678-995-4201 telephone
770-381-2952 fax

Jacksonville Office
5000-7 Norwood Avenue
Jacksonville, Florida 32208
1-877-236-5716 telephone
678-995-4201 telephone
904-764-6123 fax

October 9, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL. 32314-6327

Dear Examiner;

Imani Technologies Management Services, Inc, began our operations in Jacksonville in 2002. As a new company in the state of Florida we were not aware of the annual uniform business report requirement nor were we notified with a renewal notice.

Enclosed you will find my reinstatement application and my check for \$150.00 for a profit corporation.

We are asking that our company be reinstated without penalty due to lack of notification.

After reviewing the enclosed information, please call me at 1-877-236-5716 if you have any questions or require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce W. Price". The signature is fluid and cursive, written over a horizontal line.

Bruce W. Price
President