PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT 27 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000000093

1. Corporation Name

IIAMG, INC.

W09-46594

900161832399
10/16/09--01037--011 **450.00
CR2E081 (12/08)

10/27

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
19495 Biscayne Boulevard	19495 Biscayne Boulevard
Suite, Apt. #, etc. 606	Suite, Apt. #, etc. 606
City & State Aventura, FL	City & State Aventura, FL
Zip 33180 / Country USA	Zip 33180 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/04/2006

5. FEI Number 201582206 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee is required for a certificate of status

7. Name and Address of Current Registered Agent

Name: Jordan McCarty

Street Address (P.O. Box Number is Not Acceptable): 19495 Biscayne Boulevard

Suite, Apt. #, Etc.: 606

City: Aventura | State: FL | Zip Code: 33180

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 October 8, 2009
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
P/V/D	JORDON McCarty	19495 Biscayne Boulevard, #606	Aventura, FL 33180

REINSTATEMENT 07-09

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 contained in Chapter 119, 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: _____ Jordan McCarty, President — 10/8/2009 — 877-762-9206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #