

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 OCT -6 AM 4:31

DOCUMENT # F15000000893

1. Corporation Name

Inimitable Inc.

2. Principal Office Address - No P.O. Box #

500 N. Rainbow Blvd.

Suite, Apt. #, etc.

Ste 300

City & State

Las Vegas, NV

Zip

89107

Country

USA

3. Mailing Office Address

610A E. Battlefield

Suite, Apt. #, etc.

#273

City & State

Springfield, MO

Zip

65807

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business In Florida

March 3, 2015

5. FET Number

364582996

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75: Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

UNITED STATES CORPORATION AGENTS, INC.

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

13302 WINDING OAKS BLVD.

Suite, Apt. #, Etc.

SUITE A

City

TAMPA

State

FL

Zip Code

33688

700291003477
10/06/16--01027--004 **750.00

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

REGISTERED AGENT MUST SIGN

Date

9/30/16

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
C	Oscar Torrez	500 N. Rainbow Blvd. Ste 300	Las Vegas, NV 89107
P/T	Oscar Torrez	500 N. Rainbow Blvd. Ste 300	Las Vegas, NV 89107
S	Maritza Torrez	500 N. Rainbow Blvd. Ste 300	Las Vegas, NV 89107
REINSTATEMENT			
2016			

10. E-mail Address: inimitableinc@sbcglobal.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

Oscar Torrez President

30/Sep/2016 (323)3591609

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #