

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PPAC 102

|  |                        |   |             |
|--|------------------------|---|-------------|
| <b>CORPORATION</b>                                     |                        | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |             |
| DOCUMENT # <b>F96000005411</b>                         |                        |   |             |
| 1. Corporation Name<br><b>Ims Co. of New York Inc.</b> |                        |   |             |
| 2. Principal Office Address<br><b>6546 Collins Ave</b> |                        | 3. Mailing Office Address   |             |
| Suite, Apt. #, etc.<br>                                |                        | Suite, Apt. #, etc.<br>   |             |
| City & State<br><b>Miami Beach, FL</b>                 |                        | City & State<br><b> </b>  |             |
| Zip<br><b>33141</b>                                    | Country<br><b>Dade</b> | Zip<br>   | Country<br> |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |   |
|--|--|---|
| 4. Date Incorporated or Qualified<br>To Do Business in Florida   |  | <b>1994</b>   |
| 5. FEI-Number<br><b>113210206</b>  |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required<br>for a Certificate of Status |  |   |

|   |                          |  |  |
|---|--------------------------|--|--|
| 7. Name and Address of Current Registered Agent                               |                          |  |  |
| Name<br><b>EVAN Steinman</b>  |                          |  |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>5838 Collins Ave</b> |                          |  |  |
| Suite, Apt. #, Etc.<br><b>3B</b>  |                          |  |  |
| City<br><b>Miami Beach</b>  |                          |  |  |
| State<br><b>FL</b>  | Zip Code<br><b>33140</b> |  |  |

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 **12-6-01**

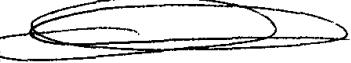
CR2E081 (9/00)

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip           |
|--------|--------------------------------------|---|------------------------------|
| Pres   | <b>Evan Steinman</b>                 | <b>5838 Collins Ave, Miami Beach</b>              | <b>FL 33140</b>              |
| Sec    | <b>Donna Steinman</b>                | <b>5838 Collins Ave 3B</b>                        | <b>Miami Beach, FL 33140</b> |
|        |                                      |   | <b>1175</b>                  |
|        |                                      |   | <b>97-01432</b>              |
|        |                                      |   |                              |
|        |                                      |   |                              |

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:

**Evan Steinman**

12-6-01 305-865-2522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-6-01 pgew

To whom it may concern:

The reason for not filing  
was I moved and Form was not  
forwarded

Thank you



Eun Stelma

Any question please call

305 865-4522

765.00 - fee  
8.75 - certificate

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773.75