

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION**

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** F9600000541

**1. Corporation Name**  
 IMS CO. OF New York Inc.

**2. Principal Office Address**  
 6546 Collins Ave  
 Suite, Apt. #, etc.  
 City & State  
 Miami Beach, FL  
 Zip  
 33141  
 Country  
 Dade

**3. Mailing Office Address**  
 Suite, Apt. #, etc.  
 City & State  
 B  
 Zip  
 Country

**FILED**  
 01 DEC -7 PM 12:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**4. Date Incorporated or Qualified To Do Business in Florida** 1996

**5. FEI Number** 113210206  
 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  
 EVAN Steinman  
 Street Address (P.O. Box Number is Not Acceptable)  
 5838 Collins Ave  
 Suite, Apt. #, Etc.  
 3B  
 City  
 Miami Beach  
 State  
 FL  
 Zip Code  
 33140

**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  
 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
Prec	EVAN Steinman	5838 Collins Ave, Miami Beach	FL 33140
Sec	Danna Steinman	5838 Collins Ave 3B	Miami Beach, FL 33140

97-01432

**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  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date 12-6-01  
 Daytime Phone # 305-865-2522

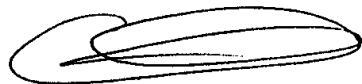
CR2E087 (9/00)

12-6-01 paxen

To whom it may concern:

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

Thank you



EVM Steina

Any Question please Call

305. 865-6522

765.00 - fee  
8.75 - certificate

---

773.75