

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 15 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/16/02--01055--002
***1058.75 ***1058.75

DOCUMENT # F99000004070

1. Corporation Name

IMG HOLDINGS, INC

2. Principal Office Address

900 S US HWY ONE

Suite, Apt. #, etc.

SUITE 108

City & State

JUPITER, FLORIDA

Zip

33477

Country

USA

3. Mailing Office Address

900 S US HWY ONE

Suite, Apt. #, etc.

SUITE 108

City & State

JUPITER, FLORIDA

Zip

33477

Country

U.S.A

REINSTATEMENT 00-02

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

8.9.99

5. FEI Number

52-2046588

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

WILLIAM A. FLECK, ESQ.

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

6650 WEST INDIANTOWN ROAD

Suite, Apt. #, Etc.

SUITE 200

City

JUPITER

State

FL

Zip Code

33458

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

William A. Fleck

Date

11 July 02

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	PATRICK D. HARRINGTON	107 WATSEEDGE Rd.	JUPITER, FL, 33477

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:

PATRICK D. HARRINGTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11 JULY 02

Daytime Phone #

561 745 7077

7/15/02