

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JUN -2 PH 12:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **G02997**

1. Corporation Name

INTERNATIONAL MANAGEMENT & SUPPLY, INC.

Principal Place of Business

Mailing Address

1160 KANE Concourse, Ste: 100B
Bay Harbor Islands, FL 33154 SAME



REINSTATEMENT 02-03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1160 KANE CONCOURSE
 Suite, Apt. #, etc. **100-B**

3. New Mailing Office Address, If Applicable

1160 KANE Concourse
 Suite, Apt. #, etc. **100-B**

4. Date Incorporated or Qualified To Do Business in Florida

10/04/1982

5. FEI Number

59-2232431

Applied For

Not Applicable

City & State
BAY HARBOR ISLANDS, FL

City & State
BAY HARBOR ISLANDS, FL

Zip
33154

Country
USA

Zip
33154

Country
USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDS	ALVARO GIMENEZ	1160 KANE CONCOURSE, STE 100B BAY HARBOR ISLANDS, FL 33154	

8. Name and Address of Current Registered Agent

ET CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

MARIO A. LAMAR, P.A.
3971 S.W. 8 ST
STE. 305
MIAMI, FL 33154

9. Name and Address of New Registered Agent

Name **MARIO A. LAMAR, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
3971 SW 8 ST
 Suite, Apt. #, Etc. **305**
 City **MIAMI** State **FL** Zip Code **33134**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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., 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)(l), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8-02)