## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J84666  1. Entity Name IMPERIAL BUSINESS CENTER DEVELOPERS, INC.						SECRETARY DE SAME DIVISION DE COSPORACIONS 08 DEC - 1 PH 2: 05				
Principal Place 397 IMPERIA #4 CAPE CANAV	AL BLVD.		Mailing Address 397 IMPERIAL BLVD. #4 CAPE CANAVERL, FL 32920		-   	II INNI KININ KIIFA NIINA FII	f 8184 BIRN 6180 BIRN	II OSBIL BIOK	1881: (I. 1888)	
2. Principal F	Place of Busin	ess - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apr.7#, etc.			11242008	REIN-P	CR2E098	(1/07)	
City & State			City & State			4. FEI Numb 59-287				plied For Applicable
Zip	Country		Zip Coun		itry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
STILLEY, JOHN D. 660 TIMUQIANA DR MERRITT ISLAND, FL 32953					Street Address (P.O. Box Number is Not Acceptable)					
					City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										and accept
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00										
10.		OFFICERS AND I	DIRECTORS	11.		ADDITIONS	  CHANGES TO OFF	ICERS AND DIR	ECTORS	S IN 11
TITLE NAME	DP Detete STILLEY, JOHN D.				E IE	100	<b>00139</b> 01/080106	;३4 <u>३</u> ₽	Change	Addition
STREET ADDRESS	TREET ADDRESS 660 TIMUQIANA DR				EET ADDRESS	12/0	)1/U801U6	52007	**75I	0.00
CITY-ST-ZIP					-ST-ZIP				Change	☐ Addition
NAME	STILLEY, MARY M			TITL NAM	i			u	onunge	
STREET ADDRESS	STREET ADDRESS   660 TIMUQUANA DR CITY-ST-ZIP   MERRITT ISLAND, FL				EET ADDRESS '-ST-ZIP					
TITLE	MERKIT	IGENIO, I E	☐ Delete	TITL					Change	Addition
NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·				E ADDRESS					
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TITLE			/ Delete	TITE					Change	☐ Addition
NAME STREET ADDRESS		$\bigcirc$ $\bigcirc$	10/57/	NAN STRI	EET AODRESS					
CITY-ST-ZIP		() 1/2	400	CITY	-ST-ZIP					
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CITY-ST-ZIP				TITL	r-ST-ZIP				Change	Addition
TITLE NAME			L Delete	NAN				Ľ	Onlanga	Addition
					EET ADDRESS 7-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if										
1	d on this repo	rt or supplemental report is	true and accurate and that i	illy signe	nure snan nave me	Salike legal elle	Cras ii iiiaac anaar	Cathi, that i and		
of the co	propration or t	he receiver or trustee empo	true and accurate and that of the second that of the second this report with all other like empowered	i as requ	ired by Chapter 60	7, Florida Statut	es; and that my nam	ne appears in Blo	ock 10 or	Block 11 if