


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 FEB 18 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 96-97

DOCUMENT # K71941  
1. Corporation Name  
**IMPERIALAKES SALES, INC.**

Principal Place of Business Mailing Address  
**5950 Imperialakes Blvd.  
Imperialakes, Florida 33860**

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

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **3/10/1989**

5. FEI Number **59-2947608**  
Applied For  
Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WARREN, Kenneth	5950 Imperialakes Blvd.	Imperialakes, FL 33860
V	MOORE, James	5950 Imperialakes Blvd.	Imperialakes, FL 33860
DVST	LUSKI, David	1180 Ave. of the Americas 18th Floor	New York, NY 10036-8401
V	LONG, James	5950 Imperialakes Blvd.	Imperialakes, FL 33860
D	TANSEY, Frank	1180 Ave. of the Americas 18th Floor	New York, NY 10036-8401

8. Name and Address of Current Registered Agent

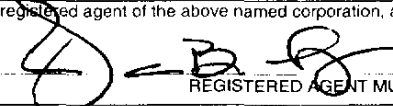
**JAMES LONG  
5950 Imperialakes Blvd.  
Imperialakes, FL 33860**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. **000002092290--2**  
City **FL**

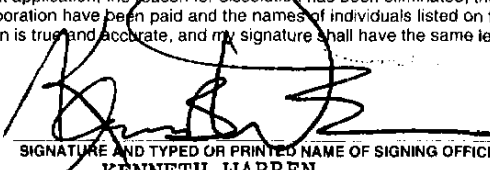
**-02/19/97--01085--002**  
**\*\*\*\*923 STS \*\*\*\*923.75**

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

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date **2/17/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **KENNETH WARREN**

Date **02/14/97** Daytime Phone # **(941)646-5066**

CR2E040 (12/96)