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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L98000001615

APPLICATION FOR REINSTATEMENT — FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
03 MAR -5 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000001615

Name and Mailing Address

0010243 01 FP 0.352 **PRSRT H7 0 0615 33907-468199
INTERNATIONAL MARKET DEVELOPMENT GROUP, LLC
COMMONWEALTH CENTER, 4TH FLOOR
12730 NEW BRITTANY BLVD.
FORT MYERS FL 33907-4681

REINSTATEMENT 2002-2003

CR2E084 (8/02)

2. New Mailing Address City, State, Zip	**4.** State/Country of Formation: FL **5.** Date Organized or Qualified To Do Business in Florida: 08/27/1998
Principal Place of Business: COMMONWEALTH CENTER, 4TH FLOOR, 12730 NEW BRITTANY BLVD., FORT MYERS FL 33907	**3.** New Principal Place of Business Address City, State, Zip
6. FEI Number: 65-0859727 ☐ Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a Certificate of Status**	

8. Name and Address of Current Registered Agent	**9.** Name and Address of New Registered Agent
ANTONIC, JAMES P 9111 SOUTHMONT COVE, SUITE 406 FT. MYERS FL 33908	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent J. P. A. Date 12-26-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ANTONIC, IRENE R	9111 SOUTHMONT COVE #406	FORT MYERS FL 33908
MGR	ANTONIC, JAMES P	9111 SOUTHMONT COVE #406	FORT MYERS FL 33908
MGR	ANTONIC, GLENN P	9111 SOUTHMONT COVE #406	FORT MYERS FL 33908
		300013553512 03/05/03--01072--003 **50.00	
		300011991543 03/05/03--01072--003 **50.00	
		300011991543 02/07/03--01053--018 **150.00	

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager J. Antonic Date 12/26/02 Daytime Phone # 239 590 9050

Typed or printed name of signing Managing Member/Manager JAMES P. ANTONIC