

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 AM 11:04

1. Corporation Name

IMAGINATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

6279 WALK CIR
BOCA RATON FL 33433

6279 WALK CIR
BOCA RATON FL 33433

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/29/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 651063877	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PRES D	LOIS NIESEN	6279 WALK CR	BOCA RATON, FL 33433
TREAS D	BONNIE ROCK	7217 MICHIGAN ISLE RD	LAKE WORTH, FL 33467
SECY D	DEBORAH CARMAN	145 E. PALMETTO PK RD	BOCA RATON FL 33432
			400004670724--2 11/07/01 01040 018 *****8.75 *****8.75
			SP

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
CARMAN, DEBORAH A ESQ 165 E PALMETTO PARK RD BOCA RATON FL 33432	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State FL	Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date _____

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)(f), 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

Date _____

Daytime Phone #

20f2

Imagination Foundation, Inc.
6279 Walk Circle
Boca Raton, Florida 33433
561-392-7889

October 17, 2001

Florida Department of State
Division of Corporations
Reinstatement Report
PO Box 6327
Tallahassee, Florida 32314-6327

To Whom it May Concern;

I am returning this form to you as per Leslie in your office. It appears that a letter was sent to us requesting the names of the Board and the FEI number. I never received this form to date. Saturday, October 13, 2001 I received this reinstatement form and I am trying to clear this up. I have done as Leslie requested and I am sending in a check for a status reinstatement form.

Please advise if there is anything else that you might need.

Thank you in advance for your cooperation,

Lois Niesen

Lois Niesen, President /Director
Imagination Foundation, Inc
6279 Walk Circle
Boca Raton, Florida 33433
561-392-7889