

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV -7 AM 8:01

DOCUMENT # **N01000007562**

1. Corporation Name

**INTERMEDIATE MOVEMENTS INC.**

Principal Place of Business

7471 NW 21 ST  
SUNRISE FL 33313

Mailing Address

7471 NW 21 ST  
SUNRISE FL 33313



**REINSTATEMENT**

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

10/24/2001

5. FEI Number

☒ 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	4 City / State / Zip
D	DALEY, EION	7471 NW 21 ST	SUNRISE FL 33313
D	JACKSON, JERMAINE	1201 NW 56TH AVE	FORT LAUDERDALE FL 33313
D	SMITH, PHILLIP	3420 EAST MEADOWS CIRCLE	MIRAMAR FL 33025
			500008843585
			11/07/02--01005--011 **236.25

8. Name and Address of Current Registered Agent

JACKSON, JERMAINE  
7471 NW 21 ST  
SUNRISE FL 33313

9. Name and Address of New Registered Agent

Name

EION DALEY

Street Address (P.O. Box Number is Not Acceptable)

7471 NW 21 ST

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33313

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**  
REGISTERED AGENT MUST SIGN

Date 10 30 02

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)(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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 650 7931

CR2E040 (9/02)