

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 20 PM 3:01

DOCUMENT # N95000001934

1. Corporation Name

The Imperial Club, Inc.

800004562438--6
-08/29/01--01006--010
****297.50 ****297.50

W01-17099

2. Principal Office Address

1508 N.W. 24 Terr

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33311

Country

USA

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

same as #2

Zip

—

Country

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REINSTATEMENT 09-01

03-10-99 90221 040 #61.25

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/95

5. FEI Number

59-1408876

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Willie Ross

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

660 N.W. 39 AVE

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33311

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

X Willie Ross
REGISTERED AGENT MUST SIGN

Date

July 15, 2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>M</u>	<u>Charlie Dixon</u>	<u>1601 N.W. 28 Ave</u>	<u>Ft. Lauderdale, FL 33311</u>
<u>T</u>	<u>Monroe Scott</u>	<u>3541 N.W. 18 Court</u>	<u>Ft. Lauderdale, FL 33311</u>
<u>V.P.</u>	<u>Matthew Thompson</u>	<u>2340 N.W. 14 Street</u>	<u>Ft. Laud. FL 33311</u>
<u>P</u>	<u>Willie Ross</u>	<u>660 N.W. 39 AVE</u>	<u>Ft. Laud. FL 33311</u>

10. 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:

X Willie Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIE S ROSS

Date

July 15, 2001

Daytime Phone #

954 486-1948