

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary
 DIVISION OF CORPORATIONS

FILED

01 NOV -2 PM 1:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000007724
 1. Corporation Name
 IM Investment, Inc.

000004705570--2
 -12/05/01--01025--015
 ****150.00 ****150.00

000004705570--2
 -12/05/01--01025--016
 *****8.75 *****8.75

2. Principal Office Address 14306 SW 164 Terr		3. Mailing Office Address 14306 SW 164 Terr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33177	Country USA	Zip 33177	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/18/2000

5. FEI Number 65-0979638 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: Ihosvany Marquez
 Street Address (P.O. Box Number is Not Acceptable): 14306 SW 164 Terr.
 Suite, Apt. #, Etc.:
 City: Miami State: FL Zip Code: 33177 LS

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: [Signature] Date: 10/31/01
 REGISTERED AGENT MUST SIGN

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
P	Ihosvany Marquez	14306 SW 164 Terr	Miami, FL 33177
T	Ihosvany Marquez	" " " "	" " " "
S	" "	" "	" "
V	" "	" "	" "
D	" "	" "	" "
C	" "	" "	" "

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)(l), 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] 10/31/01 (305) 525-7673
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (9/00)

2052

I.M. Investment, Inc.
14306 SW 164 Terr
Miami, Fl. 33177

10/31/01

To Whom It May Concern,

I, Ihosvany Marquez, President of I M Investment, Inc. never received an application for reinstatement of my corporation. I am now submitting my application with my payment of \$150.00. Please allow me to reinstate my corporation for I am in dire need to continue my business.

Thank You


Ihosvany Marquez