

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
SUCCESSION DIVISION
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

Suite, Apt. #, etc.

City & State

Miami, FL

Zip Country

33177 USA

3. Mailing Office Address

14306 SW 164 Terr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip Country

33177 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]

REGISTERED AGENT MUST SIGN

Date 10/31/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/01

(305)

525-7673

CR2001 (9/00)

202

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