

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -1 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000015347

1. Corporation Name

Imperial Limited Inc.

2. Principal Office Address

2719 South Orange Blossom Tr.

3. Mailing Office Address

2719 South Orange Blossom Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32105

Country

USA

Zip

32805

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/2000

5. FEI Number

59-3624124

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

Pothiti Jusakos

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

2235 Bradford Ct.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32806

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

Pothiti Jusakos P Jusakos

REGISTERED AGENT MUST SIGN

Date 10-28-02

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

Mr (D) Stan Hedgepeth

145 Deer Run Dr.

Davenport Florida 33837

Mz (P) Luz M. Jusakos

3400 Crystal lake

Orlando, Florida 32806

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)(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: Pothiti Jusakos P Jusakos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-02

Date

(407) 857-11-37

Daytime Phone #

CR2E081 (9/01)

Imperial Limited, Inc.

Specializing in Lath, Stucco, EFIS Systems, foam installation, Drywall & Paint
2719 Orange Blossom Trail, Orlando, FL 32805
Office: 407-839-8474 Fax: 407-839-0898

October 28, 2002

Mr. Jim Smith,
Secretary of State
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please be advised that we did not receive previous notices regarding reinstatement, they were delivered to our old address of 106 S. Norton Ave. Orlando, FL 32805. Therefore I am sending a Reinstatement letter and fee.

Thank you,

Pothiti Jusakos
Ms. Pothiti Jusakos