

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP -8 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000053976

1. Corporation Name

ACTIVE INFORMATION MANAGEMENT SERVICES, INC.

REINSTATEMENT 0203

2. Principal Office Address

PO BOX 222264

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

City & State

Zip

33022

Country

BROWARD

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/25/2000

5. FEI Number

65-1012231

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

RONALD FERNANDEZ

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

1408 Monroe St. PO BOX 222264

Suite, Apt. #, Etc.

400022548584

08/25/03 01040 015 \$900.00

City

HOLLYWOOD

State

FL

Zip Code

33022 33020

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

REGISTERED AGENT MUST SIGN

Date x 8.23.03

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	RONALD FERNANDEZ	PO BOX 222264 1408 Monroe St	HOLLYWOOD, FL 33022 33020

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:

RONALD FERNANDEZ, PRE

Date

x 8.23.03

Daytime Phone #

CR2E081 (10/02)