

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 21 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000110700**

1. Corporation Name

**INTEGRATED MARKETING STRATEGIES, INC.**

Principal Place of Business

Mailing Address

915 MIDDLE RIVER DRIVE  
SUITE 404  
FORT LAUDERDALE FL 33304

915 MIDDLE RIVER DRIVE  
SUITE 404  
FORT LAUDERDALE FL 33304

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 01-03

4. Date Incorporated or Qualified  
To Do Business in Florida

11/30/2000

5. FEI Number

03-0445606

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	FORSYTH, MARTHA G	915 MIDDLE RIVER DRIVE	FORT LAUDERDALE FL 33304
D	FORSYTH, MARTHA G	915 MIDDLE RIVER DRIVE	FORT LAUDERDALE FL 33304

600010334416  
01/21/03--01034--018 \*\*1053.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C. EDWARD MCGEE, JR., ESQ.  
2455 EAST SUNRISE BOULEVARD  
PENTHOUSE WEST  
FORT LAUDERDALE FL 33304

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **12-31-02**

11. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**12-31-02 954-565-1434**

CR2E040 (8/01)