1082

APPROVED AND FILED

H06000086512

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAR 31 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000087731

1. Corporation Name
IMPERIAL CONTRACTING GROUP, INC.

REINSTATEMENT 02-06 DSC

2. Principal Office Address	3. Mailing Office Address
13019 CARIBBEAN BOULEV,	13019 CARIBBEAN BOULEV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS FL	City & State: FORT MYERS FL 33905
Zip: 33905 / County	Zip: 33905 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/24/2001

5. FEI Number: Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive
Suite, Apt. #, Etc.: Suite 4
City: Weston | State: FL | Zip Code: 33331

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent by: NRAI Services, Inc. — REGISTERED AGENT MUST SIGN — Date: 03-28-2006

CR2E081 (1/04)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	WALID A ELRASHEDY	13019 CARIBBEAN BOULEVARD	FORT MYERS FL 33905
ST	MORS'A SPIDLE	13019 CARIBBEAN BOULEVARD	FORT MYERS FL 33905

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: [signature] 3/28/06 239-694-5525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Division of Corporations

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT

IMPERIAL CONTRACTING GROUP, INC.

Certificate of Status	1
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