

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -9 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000000639

1. Corporation Name

The Imagination Shop Inc.

2. Principal Office Address

834 Berry Hill Cir

Suite, Apt. #, etc.

3. Mailing Office Address

834 Berry Hill Cir

Suite, Apt. #, etc.

City & State

Fruitland Park, FL

Zip

34731

Country

U.S.A.

City & State

Fruitland Park, FL

Zip

34731

Country

U.S.A.

REINSTATEMENT

11/12
03-04

4. Date Incorporated or Qualified
To Do Business in Florida

1-2-02

5. FEI Number

01-0550764

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

Shannon E. Brearley

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

834 Berry Hill Cir

Suite, Apt. #, Etc.

City

Fruitland Park

State

FL

Zip Code

34731

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 3/25/04

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	Daniel Brearley	834 Berry Hill Cir	Fruitland Park FL 34731
P	Shannon Brearley	834 Berry Hill Cir	Fruitland Park, FL 34731

000042609150
11/09/04--01081--010 **300.00

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: Shannon Brearley 3/25/04 407-947-4171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)

2012

To Whom It May Concern,

Enclosed is a reinstatement form on behalf of The Imagination Shop, Inc. along with payment for the fees owed to the State of Florida.

I respectfully request that any fines or late fees be waived and the corporation be reinstated immediately. The location of The Imagination Shop, Inc. has moved on 3 different occasions, as a result no notice of fees due to the state was ever received. Once we were made aware of the requirements for maintaining a corporation in Florida, we took the appropriate action.

We apologize for our ignorance and thank you in advance for your understanding on this matter.

Sincerely,



Daniel Brearley