


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

~~REINSTATEMENT~~
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 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -8 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000016563**

1. Corporation Name

IMA GROUP, INC.

2004
CUBR

2. Principal Office Address

6437 S.W. 25th ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33155

Country

DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/13/02

5. FEI Number

75-3019811

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

04

7. Name and Address of Current Registered Agent

Name

IMMACULADA ALEMAN

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

6437 S.W. 25th STREET

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33155

300038933173

07/09/04--01027--001 **150.00

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

[Signature]

Date

7/7/04

REGISTERED AGENT MUST SIGN

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
PRES	IMMACULADA ALEMAN	6437 S.W. 25th STREET	MIAMI, FL 33155

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/04

Date

Daytime Phone #

CR2E081 (07/04)

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2 of 2

IMA GROUP, INC.
6437 S.W. 25th Street
Miami, FL 33155

July 6, 2004

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: IMA GROUP, INC
Document #P

Gentlemen:

With reference to the above mentioned corporation, please be informed that our address had changed (as shown) and that we are not in receipt of the UBR notices for the years 2004.

For your convenience we have enclosed a completed Reinstatement form, as well as our payment in the amount of \$150.00.

Please credit our payment accordingly and consider the above reason in our request that you'll abate any penalty for the untimely payment.

We apologized for any inconvenience and thank you in advance for your cooperation.

Sincerely,

Immaculada Aleman
President

enclosed:

Reinstatement Form

Cks# 548883477