

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000027168

1. Corporation Name

Institute of Modern Technology, Inc

2. Principal Office Address

2875 Palm Beach Blvd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

C404

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Zip

33916

Country

Lee

Zip

Country

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

03/12/02

5. FEI Number

01-0651121

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

Elvis Rodriguez

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

2875 Palm Beach Blvd

Suite, Apt. #, Etc.

C404

City

Fort Myers

State

FL

Zip Code

33916

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

3/22/05

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	Elvis Rodriguez	2875 Palm Beach Blvd C404	Fort Myers, FL 33916

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/05 (239) 823-0327

FILED

05 APR 28 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

WOS-16683

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2072

Myrtle C. Arceneaux CPA, PA
M.D. Arceneaux Financial Services
1323 Lafayette Street Suite A
Cape Coral, Florida 33904
239-542-2721 Office
239-542-0144 Fax

3/22/2005

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

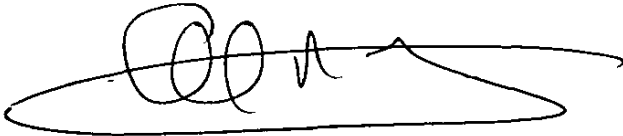
RE: Institute of Modern Technology, Inc
Tax Number 01-0651121
P02000027168
2875 Palm Beach Blvd Ste C404
Fort Myers, FL 33916

To Whom It May Concern:

We would like to abate the penalties on late filing of report. We did not receive the paper work due to us moving several times; then our records were lost in Hurricane Charley.

We would appreciate your help in this matter. If you have any questions you can contact me at 239-823-0327.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elvis Rodriguez', enclosed within a large, loopy oval shape.

Elvis Rodriguez
Owner