


2005

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
	<b>OSAR</b> CORPORATION REINSTATEMENT

FILED

05 SEP 19 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000058716

1. Corporation Name

INVESTMENT MANAGEMENT  
CONSULTANTS, INC.

2. Principal Office Address

1720 ADAMS ST.

Suite, Apt. #, etc.

City &amp; State

HOLLYWOOD, FL.

Zip

33020

Country

USA

3. Mailing Office Address

1720 ADAMS ST.

Suite, Apt. #, etc.

City &amp; State

HOLLYWOOD, FL

Zip

33020

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 28, 2002

5. FEI Number

01-0701477

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

ROBERT LIEBSCHUTZ

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

1720 ADAMS ST.

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

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


Date

14 SEPT 05

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
P/T/S V/D/C	ROBERT LIEBSCHUTZ	1720 ADAMS ST	HOLLYWOOD/FL/33020
			800058880218 08/23/05--01026--002 **150.00
			800058880218 09/20/05--01072--002 **400.00
			8/9/20

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:



15AUG05

Date

305-218-1028

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)