

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 23 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000059349**

1. Corporation Name

**Institute for Medical Education & Research
(IMER) Inc.**

2. Principal Office Address

1100 NE 163rd St

Suite, Apt. #, etc.

304

City & State

N Miami Beach, FL

Zip

33162

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33162

Country

U.S.A.

REINSTATEMENT 03-04

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

5/29/02

5. FEI Number

22-3858266

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

Madelyn Trupkin Herzfeld, President IMER

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

1100 NE 163rd St

Suite, Apt. #, Etc.

304

City

N Miami Beach, FL

State

FL

Zip Code

33162

600027623386

01/27/04--01001--006 **15.00

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]

REGISTERED AGENT MUST SIGN

Date

1/8/04

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
D			
MRS	MADELYN T. HERZFELD	1100 NE 163rd St #304 N. Miami Beach, FL	N. Miami Beach, FL 33162

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

[Signature]

1/8/04

Date

305-778-1870

Daytime Phone #

CR2001 (10/02)

IMER
INSTITUTE FOR
MEDICAL EDUCATION & RESEARCH

Department of State
Division of Corporations
Annual Report Filings
409 East Gaines Street
Tallahassee, FL 32399

Re: INSTITUTE FOR MEDICAL EDUCATION & RESEARCH, INC.
Document Number: P02000059349

Dear Madam or Sir:

Enclosed please find the following:

1. Application for Reinstatement; and
2. A check in the amount of \$150.00 for filing fees.

The corporation's address changed due to a move in January 2003. I respectfully request a waiver of the reinstatement fee as the Annual Report notices were not properly forwarded. On Monday, we will be moving offices again to 1100 NE 163rd St, Suite #304, N. Miami Beach, FL 33162. This new address is indicated on the Reinstatement Application enclosed. If you have questions, please contact me at (954) 981-1778.

Best regards,



Madelyn Trupkin Herzfeld
President