

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 OCT 21 PM 2:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000066329**

1. Corporation Name

INNOVATIVE MANAGEMENT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

224 SANDHILL CRANE RUN
 ORLANDO FL 32828

224 SANDHILL CRANE RUN
 ORLANDO FL 32828



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/17/2002

Suite, Apt. #, etc.
 1948 Winding Oaks Dr.

Suite, Apt. #, etc.
 1948 Winding Oaks Dr.

City & State
 Orlando, FL

City & State
 Orlando, FL

Zip
 32825

Country
 US

Zip
 32825

Country
 US

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GREEN, RICHARD A	224 SANDHILL CRANE RUN	ORLANDO FL 32828
D	Green, Richard	1948 Winding Oaks Dr	Orlando, FL 32825

300023969323
 10/21/03--01050--020 **150.00

10/16/03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREEN, RICHARD A
 224 SANDHILL CRANE RUN
 ORLANDO FL 32828

Name

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

Suite, Apt. #, Etc.

City
 Orlando

State
 FL

Zip Code
 32825

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
 Richard Green

REGISTERED AGENT MUST SIGN

Date

10/16/03

11. 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 REQUIRED
 Richard Green
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03

Daytime Phone #

CR2E040 (7/03)

2-8
Dear Mr. Green:

Thank you for your letter of October 10, 2003, regarding the late payment notice for your corporation's annual report. I am sorry that you did not receive the original notice for the annual report and associated fees. I am therefore requesting that you waive the late fee assessed to my corporation. I have enclosed my annual report and a check for the \$150 annual report fee.

October 15, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

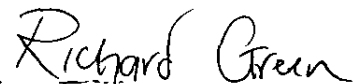
To Whom It May Concern:

Re: Innovative Management Enterprises, Inc.
Document Number P02000066329

I am in receipt of a late payment notice for my corporation's annual report. I did not receive your original notice for the annual report and associated fees. I am therefore requesting that you waive the late fee assessed to my corporation. I have enclosed my annual report and a check for the \$150 annual report fee.

Thank you for your cooperation in this matter.

Sincerely,



Richard Green
President