

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -9 AM 8:00

DOCUMENT # P03000048923

1. Corporation Name

IMEX GLOBAL INTERNATIONAL, INC.

REINSTATEMENT 04

2. Principal Office Address

300 DIPLOMAT PARKWAY

Suite, Apt. #, etc.
APT 515

City & State
HALLANDALE, FLORIDA

Zip Country
33009-8729 USA

3. Mailing Office Address

300 DIPLOMAT PARKWAY

Suite, Apt. #, etc.
APT 515

City & State
HALLANDALE, FLORIDA

Zip Country
33009-8729 USA

4. Date Incorporated or Qualified

To Do Business in Florida 04/28/2003

5. FEI Number 30-0198721

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

MICHELLE MEDIAVILLA

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

10361 IRIS COURT

Suite, Apt. #, Etc.

City
PEMBROKE PINES.

State Zip Code
FL 33026

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 11/2/04

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
P	LINDA BERGAL	300 DIPLOMAT PARKWAY APT 515	HALLANDALE, FL 33009-8729

300042606563
11/09/04--01068--011 **150.00

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

LINDA BERGAL

Date 11/2/04

954-455-7551

Daytime Phone #

292

IMEX GLOBAL INTERNATIONAL, INC.
300 Diplomat Parkway
Apt. 515
Hallandale, Florida 33009-8729

October 28, 2004

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

Re: Reinstatement Document # PO3000048923

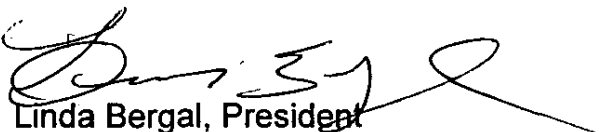
Dear Sir:

Enclosed is my application for reinstatement and my check in the amount of \$150. I never received an annual report (UBR) in "2004" or a past due notice. This is my first year of business, and I have changed my address.

Please accept this check and waive any penalty. I am a small business (just starting) and a penalty would create a hardship for me.

Thank you for your consideration.

Very truly yours,


Linda Bergal, President