

pg 1052

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

06 AUG 23 AM 8:14

DOCUMENT # P03000147077

1. Corporation Name

INSURANCE MANAGEMENT GROUP AND TRUST  
CORPORATION

W06-28880

2. Principal Office Address

2203 N. LOIS AVE-M200

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

M-200

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

Zip

33606

Country

HILLSBOROUGH

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

JAN 2004

5. FEI Number

51-0494690

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

MICHAEL SHEA

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

2203 N. LOIS AVE

Suite, Apt. #, Etc.

M-200

City

TAMPA

State

FL

Zip Code

33606

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

MICHAEL SHEA

Date

6-19-06

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Sec    | SUSANNE GILL                         | 2203 N. LOIS AVE-M200                             | TAMPA, FL. 33607   |
| Pres   | MICHAEL SHEA                         | 2203 N. LOIS AVE-M200                             | TAMPA, FL. 33607   |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

100079215531  
08/23/06--01023--009 \*\*450.00

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 contained in Chapter 119, 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:

MICHAEL SHEA MICHAEL SHEA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-06

Date

813-414-0036

Daytime Phone #

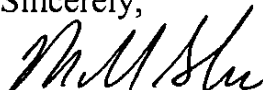
**Insurance Management Group & Trust**  
**2203 N. Lois Ave. ste.-M-200**  
**Tampa, Fl. 33607**

To Whom It May Concern:

This is to confirm that we did not receive the annual report notice for this corporation and therefore apply for reinstatement.

Please let me know if there is anything else you need.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Shea".

Michael Shea  
President