

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 31 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200111557672
10/31/07--01052--013 **600.00

DOCUMENT #

1. Corporation Name

PO3000148178
IMANA HOLDINGS, INC.

2. Principal Office Address - No P.O. Box #

11249 NW 27 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

11249 NW 27 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33167

Country

USA

Zip

33167

Country

USA

7. Name and Address of Current Registered Agent

Name

Emmanuel Imana

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

11249 NW 27 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33167

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/03

5. FEI Number

NONE

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Emmanuel Imana

REGISTERED AGENT MUST SIGN

Date

10/30/07

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
CEO	Emmanuel Imana	11249 NW 27 AVE	MIAMI FL 33167
D	Emmanuel Imana	11249 NW 27 AVE	MIAMI FL 33167

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:

Emmanuel Imana

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

10/30/07 (305) 688 7624

Daytime Phone #

@ Mitchell

OCT 31 2007