

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

37 SEP 26 AM 10:13

DOCUMENT # PO4000044419

1. Corporation Name

THE INFORMATION MANAGEMENT GROUP,
Inc.

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

3229 FLAGLER AVE

Suite, Apt. #, etc.

Unit 203

City & State

KEY WEST, FLORIDA

Zip

33040

Country

MONROE

3. Mailing Office Address PREVIOUS

P.O. Box 194

Suite, Apt. #, etc.

- NA -

City & State

KEY WEST, FLORIDA

Zip

33041

Country

MONROE

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

3/11/04

5. FEI Number

20-1036648

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

YVONNIE G. AMETIN

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

3229 FLAGLER AVENUE

Suite, Apt. #, Etc.

203

City

KEY WEST

State

FL

Zip Code

33040

☒ 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.

100109512861

09/17/07--01027--022 **458.75

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 8/1/07

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
PRESIDENT	YVONNIE G. AMETIN	3229 FLAGLER AVENUE Unit 203	KEY WEST, FLORIDA
VICE PRESIDENT	JULIO N. CASTRO	3229 FLAGLER AVENUE Unit 203	KEY WEST, FLORIDA
TREASURER	YVONNIE G. AMETIN	3229 FLAGLER AVENUE Unit 203	KEY WEST, FLORIDA
SECRETARY	MELANIE BANTISTA	7040 OLD BRENTFORD ROAD A	ALEXANDRIA, VIRGINIA

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/07
Date

Daytime Phone #