

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000044419

1. Corporation Name

The Information Management Group, Inc.

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

Suite, Apt. #, etc

City & State

Zip

Country

3. Mailing Office Address

3229 Flagler Avenue

Suite, Apt. #, etc.

Unit 203

City & State

Key West, Florida

Zip

33040

Country

Monroe

7. Name and Address of Current Registered Agent

Name

Yvonne Galicio Ametin

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

3229 Flagler Avenue

Suite, Apt. #, Etc.

Unit 203

City

Key West

State

FL

Zip Code

33040

4. Date Incorporated or Qualified

To Do Business in Florida 03/11/2004

5. FEI Number

20-1036648

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/26/10

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	Yvonne Galicio Ametin	3229 Flagler Avenue, Unit 203	Key West, Florida 33040
Vice President	Julio Noel Castro	3229 Flagler Avenue, Unit 203	Key West, Florida 33040
Treasurer	Yvonne Galicio Ametin	3229 Flagler Avenue, Unit 203	Key West, Florida 33040
Secretary	Melanie R. Bautista	7040 Old Brentford Road	Alexandria, Virginia

10. E-mail Address: yvonne@crushing speed.com
(To be used for future annual report notification)

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. I further certify 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

Date

Daytime Phone #

FILED
10 FEB -2 AM 11:12
TALLAHASSEE, FLORIDA

100167826651
02/02/10--01040--013 **450.00

REINSTATEMENT 08-10

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