

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB 22 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000055827

1. Corporation Name

IMIDY CORPORATION

40017015765.4  
02/23/10--01002--004 \*\*\$600.00

REINSTATEMENT 09-10

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

4700 N 40TH STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

33610

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 3/31/2004

5. FEI Number

200971562

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

TAVAREZ, ISMAEL

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

TAVAREZ, ISMAEL 4700 N 40TH ST TAMPA FL 33610

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33610

☐ 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

Date

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	TAVAREZ, ISMAEL	5919 GEORGE RD	TAMPA FL 33634
V	TAVAREZ, MARIA	5919 GEORGE RD	TAMPA FL 33634

10. E-mail Address:

(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: *Ismael Tavaraz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-17-10