

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 19 PM 4:03

DOCUMENT # P04000060024

1. Corporation Name

Imagen Entertainment Inc.

KS

800162955888
11/19/09--01036--003 **308.75

REINSTATEMENT (09) 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/2004

5. FEI Number

542148768

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

10775 NW 84 ST

Suite, Apt. #, etc.

5

3. Mailing Office Address

10775 NW 84 ST

Suite, Apt. #, etc.

5

City & State

Miami, FL

City & State

Miami, FL

Zip

33178

Country

Dade

Zip

33178

Country

Dade

7. Name and Address of Current Registered Agent

Name

Maryori E Hernandez

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

10775 NW 84 ST

Suite, Apt. #, Etc.

5

City

Miami

State

FL

Zip Code

33178

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 11/10/09

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	Maryori E Hernandez	10775 NW 84 ST # 5	Miami, FL 33178

10. E-mail Address: elizabeth@i-magen.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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/09

Date

305-2977725

Daytime Phone #