

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 18 AM 9:07

DOCUMENT # P04000165213

1. Corporation Name

**FOCUS ON IMAGINATION INC**

**REINSTATEMENT**

05-06

2. Principal Office Address

**15300 SW 89 AVE**

3. Mailing Office Address

**9100 S DADELAND BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 912**

City & State

**Village of Palmetto Bay, FL**

City & State

**MIAMI**

Zip  
**33157**

Country

Zip  
**33156**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**20-3349120**

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  
**AURELIO A PIEDRA**

Street Address (P.O. Box Number is Not Acceptable)  
**9100 S DADELAND BLVD**

Suite, Apt. #, Etc.  
**STE 912**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33156**

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

REGISTERED AGENT MUST SIGN

Date **12-12-06**

**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
PSTV	JOSE D HERNANDEZ	15300 SW 89 AVE.	MIAMI, FL 33157

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

Date

**12/12/06**

Daytime Phone #

**305 671-0003**

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VARGAS, PIEDRA & CO.  
CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS  
AMERICAN AND FLORIDA  
INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

ONE DATRAN CENTER  
9100 SOUTH DADELAND BLVD.  
SUITE 912  
MIAMI, FLORIDA 33156  
TELEPHONE  
(305) 671-0003  
FAX  
(305) 671-6263

December 14, 2006

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Fl 32314

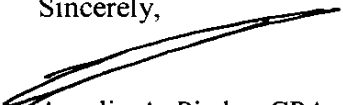
RE: FOCUS ON IMAGINATION INC

Enclosed you shall find a check in the amount of \$309.75 for the above mentioned company. Please note that we never received any notices from you for the year 2005 and 2006 due to the fact that the address stated on your records was incorrect.

I have prepared the reinstatement form with the correct and new address. I ask for you cooperation regarding this matter to please abate the penalties . Please update your records to the new address of the company .

Thank you for your cooperation regarding this matter.

Sincerely,



Aurelio A. Piedra, CPA