

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000026016

1. Corporation Name

International Marketplace Ventures, Incorporated

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

1061 W OAKLAND PARK BLVD

3. Mailing Office Address

1061 W OAKLAND PARK BLVD

Suite, Apt. #, etc.

SUITE 105

Suite, Apt. #, etc.

SUITE 105

City & State

FORT LAUDERALE, FL

City & State

FORT LAUDERALE, FL

Zip

33311

Country

USA

Zip

33311

Country

USA

7. Name and Address of Current Registered Agent

Name

Sampain Estime

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

15045 NE 6TH PLACE

Suite, Apt. #, Etc.

City

NORTH MIAMI

State

FL

Zip Code

33161

4. Date Incorporated or Qualified  
To Do Business in Florida

2-18-2005

5. FEI Number  
20-2353058

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

*Estime Sampain*

Date 07/17/2009

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
DIR	ERNEST MITCHELL	22077 AQUILA STREET	BOCA RATON, FL 33428
DIR	ESTIME SAMPAIN	15045 NW 6TH PLACE	NORTH MIAMI, FL 33161
DIR	KATHY SANTANA	807 NW 24 STREET APT 3	FORT LAUDERDALE, FL 33311

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:

*Estime Sampain*

ESTIME SAMPAIN

07/17/2009

786-277-4212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #