

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 SEP -4 AM 10: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000040120

1. Corporation Name

IMAGEM & COMERCIO IMPORT & EXPORT INC

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

1865 NE 207 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33179

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

UNKNOWN

5. FEI Number

26-0691676

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

EDWARD P CUNNINGHAM

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

8513 NW 57TH COURT

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33321

☒ 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

*Edward Cunningham*

Date

*8/3/08*

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
DP	ANNA MARIA VISSCHER	1865 NE 207 STREET	MIAMI, FL 33179
DT	TANIA VISSCHER	1865 NE 207 STREET	MIAMI, FL 33179
DVP	DELMO F GOMES	1865 NE 207 STREET	MIAMI, FL 33179

REINSTATEMENT  
06-08

200135372852  
09/04/08--01038--001 \*\*450.00

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:

*Annmaria Visscher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*8/31/08*

305 785-0073

Daytime Phone #