

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

07 NOV 14 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000127258

1. Corporation Name

Imperial Blue Design, Inc.

RD

11-19-07

300112300073
11/14/07--01047--001 **500.00

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

9605 NW 79th Ave.

3. Mailing Office Address

2801 NW Juanita Pl.

Suite, Apt. #, etc.

Bay 35

Suite, Apt. #, etc.

City & State

Hialeah Gardens, Fl.

City & State

Cape Coral, Fl.

Zip

33016

Country

U.S.A.

Zip

33993

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/2005

5. FEI Number

20-3505498

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

HEIDY BARRANTES

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

2801 NW Juanita Place

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33993

☐ 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
President	Heidy Barrantes	2801 NW Juanita Pl.	Cape Coral, Fl. 33993

300112300073
11/14/07--01047--002 **400.00

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:

Heidy Barrantes P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/09/07

Date

(786) 291-7160

Daytime Phone #