

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 05000158590

1. Corporation Name

IM ENGINEERING INTERNATIONAL, INC

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

8236 W FLAGLER ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33144

Country

DADE

3. Mailing Office Address

6710 SW 127 PL

Suite, Apt. #, etc.

City & State

MIAMI FL. 33183

Zip

Country

200103284232
05/25/07--01013--024 **300.00

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/2005

5. FEI Number

20-3894336

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

PABLO E SUAREZ

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

6710 SW 127 PL

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33183

☐ 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

REGISTERED AGENT MUST SIGN

Date 04/23/2007

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 | PABLO E SUAREZ | 6710 SW 127 PL | MIAMI, FL 33183 |
| VP | EDGAR MEDINA | 6710 SW 127 PL | MIAMI, FL 33183 |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/2007 305-225-3873

Date

Daytime Phone #

Pablo E SUAREZ

IM ENGINEERING INTERNATIONAL INC.
6710 SW.127 PL.
MIAMI FL. 33183
Phone (305) 225- 3873

April 23, 2007

Division of Corporation
P.O.Box 6327.
Tallahassee Fl. 32314

REF: DISOLUTIONS CORPORATION DOC. # P05000158590
IM ENGINEERING INTERNATIONAL INC.

Dear Sir or Madam:

Through this letter we are requesting to your department, a waiver for the Administrative Dissolution of our Corporation IM Engineering International Inc. Document # P05000158590. Such dissolution was imposed for failure of remitting the 2006 Annual Report which we never received by mail, due to our change in address and as result did no report it on time to your Department.

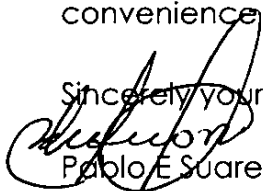
It is to our understanding that the report in reference was due on the last day of April, but, since we did not receive such report, it was impossible for us to submit it on time; according with the law. Therefore we are requesting to your department a reconsideration of the penalty in reference.

With the information provided, we hope that your department understands that it was never our intention to disregard the filing requirements. Please do accept our most sincere apologies. Attached you will find a Money Order in the amount of \$ 300.00 (Three Hundred Dollars) corresponding to the past and current year.

Please accept our thank you in advance for your prompt cooperation towards this matter and in the removal of the penalty in reference.

If any question should arise, please feel free to contact me at your early convenience

Sincerely yours.


Pablo E Suarez
President.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000038310

1. Corporation Name

Beasley Handyman, Inc.

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

805 S. KIRKMAN RD

3. Mailing Office Address

805 S. KIRKMAN RD

Suite, Apt. #, etc.

SUITE 203

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32811

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/2001

5. FEI Number

59-3707398

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

RONALD BEASLEY

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

805 S. KIRKMAN RD

Suite, Apt. #, etc.

SUITE 203

City

ORLANDO, FL

State

FL

Zip Code

32811

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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

Ronald Beasley

REGISTERED AGENT MUST SIGN

Date **05/04/2007**

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 |
|--------|--------------------------------------|---|--------------------|
| PD | RONALD BEASLEY | 805 S. KIRKMAN RD | ORLANDO, FL 32811 |
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SIGNATURE:

Ronald Beasley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/04/2007

Date

407 297-3700

Daytime Phone #