

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

16 MAR -2 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 13000013768

1. Corporation Name

I.M.W. Construction, Inc.

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

6507 WINFIELD BLVD.

Suite, Apt. #, etc.

C-227

City & State

MARGATE FL

Zip

33063

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/11/13

5. FEI Number

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

WAYNE H. SCHWARTZ

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

5550 Glades Road

Suite, Apt. #, Etc.

401

City

BOCA RATON

State

FL

Zip Code

33431

200282878272
03/03/16--01001--008 **1050.00

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

Wayne H. Schwartz

REGISTERED AGENT MUST SIGN

Date 3.1.2016

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
PVST D	Ian M. Walker	6507 Winfield Blvd C-227	Margate FL 33063

REINSTATEMENT

242 - 2016

10. E-mail Address: SCHWARTZ @ leeamlaw.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Ian M. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.1.16

Date

754.779.3124

Daytime Phone #

MAR 2 - 2015