

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97 OCT 30 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P28434

1. Corporation Name

I.M.A. OF DELAWARE, INC.

Principal Place of Business

**2525 AURORA ROAD
102
MELBOURNE FL 32935
US**

Mailing Address

**2525 AURORA ROAD
102
MELBOURNE FL 32935
US**

If above addresses are incorrect in any way, line through incorrect information and enter correct information below.



REINSTATEMENT 97

10/3

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/08/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-2918940

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WARWICK, JOHN B.	4027 SPARROW HAWK RD	MELBOURNE FL
SD	CHRISTIE, CYNTHIA A.	4027 SPARROW HAWK RD	MELBOURNE FL

3000002338083--2
-11/04/97-01088-012
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WARWICK, JOHN B.
4027 SPARROW HAWK ROAD
MELBOURNE FL 32935**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

John B. Warwick

REGISTERED AGENT MUST SIGN

Date

10/23/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for Information on Intangible tax.)

12. 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 under section 119.07(3)(i), 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:

John B. Warwick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/97
Date

4072541398
Daytime Phone #

CR2040 (8-97)