

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 13 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000024647

1. Corporation Name

Imperial Property Development Corp.

2. Principal Office Address

16683 Bobcat Dr.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers FL

City & State

Zip

33908

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

3/30/1993

5. FEI Number

650473070

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

Stephanie Negip

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

16683 Bobcat Drive

Suite, Apt. #, Etc.

City

Ft. Myers, FL

State

FL

Zip Code

33908

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

Stephanie Negip

REGISTERED AGENT MUST SIGN

Date

1/10/02

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/D	Stephanie Negip	16683 Bobcat Drive <del>Ft. Myers, FL</del>	Ft. Myers, FL 33908

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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 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:

Stephanie Negip, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

Date

239-481-3509

Daytime Phone #

gr 1/14

new address

CR2E081 (10/02)