PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

SIGNATURE: SIGNATURE

P95000068115

1. Corporation Name

**IMK INTERNATIONAL CORPORATION** 

APPROVED AND FILED

97 MAR 21 PM 3: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Pi 8095-8:W: MIAMI FL	ace of Business  -20-07. 80 5.W. & Street Suite 2019 8005-6  00155 Michael F1 33130 MAMM	5 5760ect, Svite ,71 33130	5016)			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						
					porated or Qualified iness in Florida 09/05/1995	
Suite, Apt. #, etc. Suite, Apt. #,		ot. #, etc.	etc.		V3	<u> </u>
City & State City & State		ate			0712476	Applied For Not Applicable
MIAMI FL MIA			Country 6.		\$8.75	Additional Fee required
<sup>Zip</sup> 331	<u>30   USA   33</u>	130 U	(SA		OF STATUS DESIRED [ ]	a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers  Street Address of Each						
Title(s) 1	and/or Directors	3 (Do NOT U	ficer and/or Director se Post Office Box N	lumbers)	City / Stat	e / Zip
<del>-PD-</del>	MUTIS, IVAN	ST.	-MIAMI FL-33155			
VD			g street s	SUITE 2019	MIAMI, FL	33130
SD	SANMIGUEL, LUIS E	Ar Tracct c	MIAMI FL 33155-			
5D	-DELLICOLLI, WITTORIO	8035 S.W. 28 S	STREET SUITE 2019 MIAMI, FL 33130			3150
•	- CONTRACT TO THE CONTRACT TO		<del>}</del>		MIAMI FL 33155	•
TD MARTIN, ELIZABETH		8035-S.W. 28-6			MIAMI FL-33155	
		80 SW 8	s street	Suite 2019	MIAMI FL	33130
PD	BESADA-LOMBANA MARINA 80 SUS STREET SUITE ZON MIAMI FL 33130					
	-U3/25/977 ****915.00	)M47002	ero por a	LICTAT	FMEN 196	-97
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent						
Name S 2						
STITLE AND STITLE SAYOU POWGS MARINA BESADA-LOMBANA Street Address (P.O. Box Number is Not Acceptable)						
8035 6.W. 28 6T.  MIAMI FL 33155.  NIOI Brickell Au. 80 SW 8 STREET  Suite, Apt. #, Etc.						
Suite 800 Suite 2019						
Miami Pl 33131 CHYMIA				11	State <b>FL</b>	33130
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 X REGISTERED AGENT MUST SIGN  Date 3(13)97						
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No						
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 filling 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.						