

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -9 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000091395

1. Corporation Name

Imagine Service Group Inc

REINSTATEMENT 03-04

100026608261

01/03/04--01057--003 **308.75

2. Principal Office Address

11234 S. orangeblissum Trl /
Suite, Apt. #, etc.

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

SAME

Zip

32837

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

59-3344789

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steven L Kefler

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

710 Avocado St

Suite, Apt. #, Etc.

City

St Cloud

State
FL

Zip Code

34769

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

1-6-04

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
PTSV	Steven L Kefler	710 Avocado St	St Cloud FL 34769

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-6-04

Daytime Phone #

407-240-1597

CR2081 (10/02)



11234 S. ORANGE BLOSSOM TRAIL
ORLANDO FL. 32837
PHONE 407-240-1597
FAX 407-240-2497

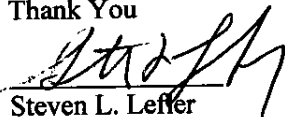
January 6, 2004

TO WHOM IT MAY CONCERN

Attached is my reinstatement application for Imagine Service Group Inc.

Our office moved and so did the register agent. We both did a address change with the post office. We never received any mail from your office to do our annual report or any other mail stated that we had failed to file and that the corporation was going to become inactive. Can you please wave the \$600 reinstatement fee. We have enclosed a check for \$308.75 for 2003 and 2004 with the reinstatement form. If you have any questions please contact me at 1-800-844-1399 ext 109. Also we have added the \$8.75 for the certificate of status.

Thank You



Steven L. Leffer