

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P96000052209

1. Corporation Name

International Museum Expositions, Inc.

Principal Place of Business

Mailing Address

1850 Goldenrod Street

Sarasota, FL 34239

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

2. New Principal Office Address, If Applicable
1850 Goldenrod St.

3. New Mailing Office Address, If Applicable
1850 Goldenrod St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34239

Country

Zip

34239

Country

REINSTATEMENT

97-99
280
2/10/99

FILED

99 FEB 10 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida 6/17/96

5. FEI Number

59-3389281

Applied For

Not Applicable

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
D	Jeffrey A. Dering	1850 Goldenrod Street	Sarasota, FL 34239
P			

7000002776597--E

-02/16/99--01024--015

***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Michael J. Presutti

3001 Aloma Ave., Ste 109

Winter Park, FL 32792

9. Name and Address of New Registered Agent

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

Michael J. Presutti

REGISTERED AGENT MUST SIGN

Date 2-5-99

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99

Date

(407) 678-8765

Daytime Phone #

CR2E081 (12/98)