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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 APR 14 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000072744

**1. Corporation Name**

Innovative Modular Structures, Inc.

**2. Principal Office Address**

2500 22nd Ave. North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33713

Country

**3. Mailing Office Address**

2830 BARRETT AVENUE

Suite, Apt. #, etc.

City & State

Perris, CA

Zip

92571

Country

RIVERSIDE

300034393433  
04/28/04--01026--022 \*\*900.00

300034393433  
04/28/04--01026--021 \*\*150.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8-29-96

**5. FEI Number**

59-3401170

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

Paracorp Incorporated

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

236 East 6th Ave.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

**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

*See attached*

Date

REGISTERED AGENT MUST SIGN

**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
CD	Evan M. Gruber	2830 Barrett Ave.	Perris, CA 92571
PD	Michael G. Rhodes	2830 Barrett Ave.	Perris, CA 92571
TSD	Shari Walgren-Smith	2830 Barrett Ave.	Perris, CA 92571

**REINSTATEMENT**

02-04

**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:**

*Shari Walgren-Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04  
Date

(909) 943-4014  
Daytime Phone #

CR2E081 (01/04)

222

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 4/13/04

ENTITY NAME: INNOVATIVE MODULAR STRUCTURES, INC.

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Denise Zollner

Denise Zollner, Assistant Secretary  
Paracorp Incorporated