

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC 14 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000099751**

1. Corporation Name

IMPERIAL MEDICAL, INC.

Principal Place of Business

Mailing Address

~~45251 ROOSEVELT BLVD.~~
~~SUITE 202~~
~~CLEARWATER FL 33760~~

15251 ROOSEVELT BLVD.
SUITE 202
CLEARWATER FL 33760

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

2. New Principal Office Address, If Applicable

1349 OLD HWY 41
Suite, Apt. #, etc.
STE. 100

3. New Mailing Office Address, If Applicable

1349 OLD HWY 41
Suite, Apt. #, etc.
STE. 100

City & State
MARIETTA, GA.

City & State
MARIETTA, GA.

Zip
30060 Country

Zip
30060 Country

REINSTATEMENT

98

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1996

5. FEI Number

59-3416994

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
PRES S/T/D	DEAN, KEVIN O	9988 LAKE SEMINOLE DR. W.	LARGO FL
D	BERKHOUT, FRANS	BUIZERD HORST 24	NL-5431.LW CUIJK NE
PIC/D PRES	MILLER, DAWN DAWN, I	2904 SUMMERVALE DR	HOLIDAY, FL 34691
D	BENNETT, ROBERT	950 COLLIER BLVD	MARCO ISLAND, FL.
			300002716353--1 -12/18/98--01084--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

DEAN, KEVIN O
~~45251 ROOSEVELT BLVD.~~
~~SUITE 202~~
~~CLEARWATER FL 33760~~

9. Name and Address of New Registered Agent

Name **DEAN, KEVIN O.**
Street Address (P.O. Box Number is Not Acceptable)
2904 SUMMERVALE DR.
Suite, Apt. #, Etc.

City **HOLIDAY** State **FL** Zip Code **34691**

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

SIGNATURE REQUIRED

Date **11/12/98**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN O. DEAN SECRETARY

11/12/98

Date

Daytime Phone #

(770) 329-8150

CR2E040 (9/98)