

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 DEC 17 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000031358

1. Corporation Name

IMSC INC.

Principal Place of Business

355 WESTWARD DRIVE  
MIAMI SPRINGS FL 33166

Mailing Address

P.O. BOX 660032  
MIAMI SPRINGS FL 33166



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/07/1997

5. FEI Number

65-0741291

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	GAY, OWEN F	355 WESTWARD DRIVE	MIAMI SPRINGS FL 33166

1000002720791--8  
-12/23/98--01049--007  
\*\*\*\*150.00 \*\*\*\*150.00

12/21

8. Name and Address of Current Registered Agent

GAY, OWEN F  
355 WESTWARD DRIVE  
MIAMI SPRINGS FL 33166

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-3-98

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

12-3-98  
Date

305-882-8101  
Daytime Phone #

CR2E040 (9/98)

IMSC Inc.

P.O. Box 660032  
Miami Springs, FL 33162  
Ph: (305) 882-8101  
Fax: (305) 882-0385

12-13-98

Florida Dept. of State  
Secretary of State  
Division of Corporations

Dear Sirs,

I have reviewed our records completely and find no notifications from your office that any annual corporate fees were due with respect to our corporation.

Please at this time accept our check for \$ 150.00 to make sure our corporation maintains its legal status.

In the future we will of course be pleased to comply with all required fees, but please provide us with notification so that we understand when payments are due.

Thank Your Very Much,

Owen Gay, Director  
IMSC Inc.  
(305) 882-8101