


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9702B049436**

1. Corporation Name

INTERACTIVE MARKETING CONCEPTS CORPORATION

Principal Place of Business

Mailing Address

**1001 W. CYPRESS CREEK RD.
SUITE 304
FT. LAUDERDALE, FL 33309**

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

2. New Principal Office Address, If Applicable

300 WEST 21 STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

same

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

Zip

33010

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/97

5. FEI Number

65-0758672

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	RAFAEL ACOSTA	300 WEST 21 STREET	HIALEAH, FL 33010
			200003748392--0 -02/23/01-01007-003 ****900.00 ****900.00
			200003748392--0 -02/23/01-01007-010 ****150.00 ****150.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

**S L STONE CORPORATION
1001 W. CYPRESS CREEK RD.
SUITE 304
FT. LAUDERDALE, FL 33309**

9. Name and Address of New Registered Agent

Name

RAFAEL ACOSTA

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

300 WEST 21 STREET

Suite, Apt. #, etc.

City

HIALEAH

State

FL

Zip Code

33010

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

X Rafael Acosta

REGISTERED AGENT MUST SIGN

Date

2-9-01

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:

X Rafael Acosta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-01

(305) 625-8832

Date

Daytime Phone #

CR2E08 (12/98)