

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 14 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000065164

1. Corporation Name

IMPERIAL SUN MANAGEMENT, INC.

300003768169--0

-02/26/01--01123--011

****908.75 ****908.75

2. Principal Office Address

2238 N CYPRESS BEND DR

Suite, Apt. #, etc.

APT # 701

City & State

POMPANO BEACH, FLORIDA

Zip

33069

Country

USA

3. Mailing Office Address

2238 CYPRESS BEND DR

Suite, Apt. #, etc.

APT # 701

City & State

POMPANO BEACH, FLORIDA

Zip

33069

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1997

5. FEI Number

65-0772465

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GILLES MENARD

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

2238 N. CYPRESS BEND DR

Suite, Apt. #, Etc.

APT # 701

City

POMPANO BEACH, FLORIDA

State

FL

Zip Code

33069

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

08/02/01

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
PD	GILLES MENARD	2238 N CYPRESS BEND DR #701	POMPANO BEACH, FL 33069
SD	DENYSE MENARD	2238 N CYPRESS BEND DR #701	POMPANO BEACH, FL 33069

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

GILLES MENARD

Date

Daytime Phone #

8/02/01 954-922-1800

CR2E081 (9/99)