

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

99 AUG 16 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 970000 66207

1. Corporation Name

IMMK ENTERPRISE, INC.

Principal Place of Business

Mailing Address

113 S. MacDill AVE #B

113 South MacDill AVE #B

TAMPA FL 33609

TAMPA FL 33609

REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable

113 South MacDill AVE

3. New Mailing Office Address, If Applicable

113 S. MacDill AVE #B

4. Date Incorporated or Qualified
To Do Business in Florida

7/24/97

Suite, Apt. #, etc.

#B

Suite, Apt. #, etc.

#B

5. FEI Number

59-3459803

Applied For

Not Applicable

City & State

TAMPA FL

City & State

TAMPA FL

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

Zip

33609

Country

Hillsborough

Zip

33609

Country

Hillsborough

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 | Ki H. Choi | 113 S. MacDill Ave #B | Tampa FL 33609 |
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***900.00 ***900.00

8. Name and Address of Current Registered Agent

Ki H. Choi CPA
113 S. MacDill Ave #B
Tampa FL 33609

9. Name and Address of New Registered Agent

Name Ki H. Choi CPA
Street Address (P.O. Box Number is Not Acceptable)
113 S. MacDill Ave -
Suite, Apt. #, Etc. #B
City Tampa State FL Zip Code 33609

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]
REGISTERED AGENT MUST SIGN

Date 8/14/99

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 with 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 taxes 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

Date

Daytime Phone #

8/14/99

813-876-6442

CR2001 (12/98)