

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY 27 AM 9:52

DOCUMENT # P98000011547

1. Corporation Name

INTERNATIONAL IMPEX CONSULTANTS, INC.

2. Principal Office Address - No P.O. Box #

607 BUTTERNUT PLACE

3. Mailing Office Address

3730 CLEVELAND HEIGHTS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33813

Country

USA

Zip

33803

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/24/1999

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

NAVEEN KUMRIA

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

607 BUTTERNUT PLACE

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33813

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 5/11/2009

REGISTERED AGENT MUST SIGN

**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	NAVEEN KUMRIA	607 BUTTERNUT PLACE	LAKELAND, FL 33813

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 contained in Chapter 119, 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:

NAVEEN KUMRIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/2009

Date

502-264-1361

Daytime Phone #