

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000069288**

1. Corporation Name

INSTALL MARKETING SYSTEMS, INC.

Principal Place of Business

Mailing Address

~~5100 WASHINGTON STREET~~

~~5100 WASHINGTON STREET~~

~~SUITE 514~~
~~HOLLYWOOD FL 33021~~

~~SUITE 514~~
~~HOLLYWOOD FL 33021~~

~~US~~

~~US~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

101 NE 3rd Ave Ste 1400

Suite, Apt. #, etc.

101 NE 3rd Ave Ste 1400

City & State

Ft. Lauderdale, Fla 33301

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

REINSTATEMENT

4. Has the corporation or business
To Do Business in Florida

08/10/1998

5. FEI Number

65-0856311

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 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PD | WELLS, BETTY E | 5100 WASHINGTON STREET | HOLLYWOOD FL 33021 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

500024925315

11/21/03--01045--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WELLS, BETTY E

5100 WASHINGTON STREET

HOLLYWOOD FL 33021

Name

Betty E. Wells

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

101 NE 3rd Avenue Ste 1400

Suite, Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33301

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. or 617.0505, F.S.

Signature of
Registered Agent

Betty E. Wells
REGISTERED AGENT MUST SIGN

Date Nov 18, 2003

11. 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:

Betty E. Wells
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

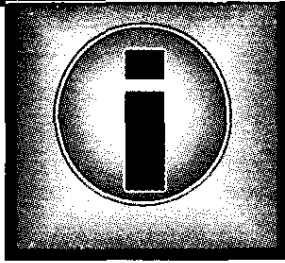
Daytime Phone #

Nov 18, 2003 954-692-3500

CR2E040 (7/03)

November 18, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



Dear Sir or Madam:

I am writing in regards to reinstatement of my Corporation, Install Marketing Systems, Inc.

Enclosed is the reinstatement application. I am requesting a waiver of the reinstatement fee due to the fact that I did not receive the notices. Our office has moved to a new location, therefore, the previous sent notices may have been lost or failed to be delivered to our new location (please, see enclosed application for new address).

With this in mind, I am enclosing the standard fee of \$150.00. Thank you for your time and all considerations.

Sincerely,


Betty E. Wells
President/CEO

INSTALL MARKETING SYSTEMS, INC.

5100 Washington Street, Suite 514, Hollywood, Florida, 33021
Phone: 954-964-3248 Fax: 954-893-7961
E-Mail: installmarketing@mailcity.com