

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -8 PM 4:55

DOCUMENT # P98000083091

1. Corporation Name

IMTRA GROUP CORP.

Principal Place of Business

Mailing Address

1894 NORTHWEST 10TH STREET
OCALA FL 34475

1894 NORTHWEST 10TH STREET
OCALA FL 34475



REINSTATEMENT 00-01

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3534782

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	DOHER, CHAD C	19985 NORTHWEST 13TH STREET	DUNNELLON FL 34431

700004316107--7
-05/24/01--01097--019
***300.00 ***300.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

CHAD DOHER

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

19985 NW 13TH ST

Suite, Apt. #, Etc.

City

DUNNELLON

State

FL

Zip Code

34431

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

Handwritten signature of Chad Doherty

REGISTERED AGENT MUST SIGN

Date 04-30-01

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.

CR2ED40 (8/00)

SIGNATURE:

Handwritten signature of Chad Doherty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-01 (352) 840-9611

Date

Daytime Phone #