

**2008 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

08 SEP 17 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09162008 REIN-P CR2E098 (1/07)

4. FEI Number
59-3534782
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOHER, CHAD
1829 NORTHWEST 10TH STREET
OCALA, FL 34475

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/16/08

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
DOHER, CHAD C
1829 NORTHWEST 10TH STREET
OCALA, FL 34475 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DOHER, GABRIEL
1829 NORTHWEST 10TH STREET
OCALA, FL 34475 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000136245070
09/23/08--01008--005 **155.00 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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☐ Change ☐ AdditionTITLE
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☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/08

Date

352-840-9611

Daytime Phone #

September 16, 2008

Dear Sir or Madam;

I am writing a letter in regards to the Certificate of Dissolution of Imtra Group Corp, Document # P98000083091.

Sequence of Events

We mailed our annual report when we were supposed. Due to some issues with our bank the check was returned. We missed it at our bank. In July or August, at the end of the month or beginning of the next, we received notification the check had been returned. I called Ms. Chin. To let her know that we had just received the notice and that we were going to be late sending the replacement money orders. I kept in regular contact with her. We had an understanding that she needed to receive it midweek of the September 8th. So around the 10th or 11th. I mailed the replacement on September 8th. Due to error on the envelope (wrong zip code), it was returned to us on the 15th of September. I called as soon as I returned on the 16th of September. I explained the situation. I am asking that you please waive the penalty fee for this Corporation. We apologize for any inconvenience this may have caused. Thank-You Very Much.

Sincerely,

Donna Wade
Office Manager
Imtra Group Corp
1829 NW 10th St
Ocala, Fl 34475
352-840-9611

