

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

99 OCT 27 PM 7:12

DOCUMENT # P98000083935

1. Corporation Name

IMPERIAL ENTERPRISES, INC.

Principal Place of Business

3100 SPRINGDALE EIOI
LAKE WORTH FL 33461

Mailing Address

~~3100 SPRINGDALE EIOI~~
~~LAKE WORTH FL 33461~~



REINSTATEMENT

99

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

09/18/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

695 Peppers Ferry Road
Christiansburg, Virginia
24073 U.S.A.

5. FEI Number

65-0870775

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
President	Gregory Nagy	3100 SPRINGDALE BLVD. EIOI LAKE WORTH, FLA 33461	LAKE WORTH, FLORIDA 33461
VICE PRESIDENT	" "	" "	" "
SECRETARY	" "	" "	" "
TREASURER	" "	" "	" "
			300003036063--7 -11/05/99-01044-006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NAGY, GREGORY S
3100 SPRINGDALE EIOI
LAKE WORTH FL 33461

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Gregory S. Nagy

REGISTERED AGENT MUST SIGN

Date 10-25-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory S. Nagy

Date

10-25-99

Daytime Phone #

540-381-3500

AD

CR20040 (8-99)