

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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09-2000 AR

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine [unclear]
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 25 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **09180000087264**

1. Corporation Name
I.M.C.D. - International Media Consulting and Development

2. Principal Office Address
1250 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

407

City & State
Hallandale Beach

Zip Country
33009 USA

3. Mailing Office Address
1250 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

407

City & State
Hallandale Beach

Zip Country
33009 USA

4. Date Incorporated or Qualified
To Do Business in Florida **10-13-98**

5. FEI Number
65-0868725

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$875 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
FRANK GOTSMAN **200003157042-5**

Street Address (P.O. Box Number is Not Acceptable)
21180 MAINSAIL CIRCLE, UNIT B-13 **-03/03/00--01104--007**

Suite, Apt. #, Etc.
B-13 *****300.00 ***300.00**

City
AVENTURA

State Zip Code
FL 33180

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 **[Signature]** Date **Feb 15, 2000**
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
President	FRANK D. GOTSMAN	21180 MAINSAIL CIRCLE, UNIT B13	AVENTURA FL 33180

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 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]** Date **Feb 15, 2000** 954 455 1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/99)

P98000087264

(2)

Dear Sir, madam,

I am enclosing a check for \$300 as mentioned to me over the phone to reinstate our company, we were not able to register earlier because the address to which the papers were sent ~~was~~ not correct.

Thanking you in advance for your help and cooperation

Sincerely,



FRANK. J. GOTSMAN.