

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katherine  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 FEB 25 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P918000087264

**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

33009

Country

USA

**3. Mailing Office Address**

1250 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

407

City & State

Hallandale beach

Zip

33009

Country

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

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

21180 MAINSAIL CIRCLE, UNIT B-13

Suite, Apt. #, Etc.

B-13

City

AVENTURA

State

FL

Zip Code

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]  
REGISTERED AGENT MUST SIGN

Date Feb 15, 2000

**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
<u>President</u>	<u>FRANK D. GOTSMAN</u>	<u>21180 MAINSAIL CIRCLE, UNIT B13</u>	<u>AVENTURA FL 33180</u>

**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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 15, 2000

Date

954 455 1555

Daytime Phone #

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.

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