

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN -3 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P 98000087264**

1. Corporation Name

**I.M.C.D - INTERNATIONAL MEDIA
CONSULTING & DEVELOPMENT**

2. Principal Office Address

1250 E. Hallandale Bch Blvd

3. Mailing Office Address

1250 E. Hallandale Bch Blvd

Suite, Apt. #, etc.

407

Suite, Apt. #, etc.

407

City & State

Hallandale Bch, FL

City & State

Hallandale Bch, FL

Zip

33009

Country

USA

Zip

33009

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

OCT 13, 1998

5. FEI Number

65-0868725

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANCK D. GOTSMAN

201.25-AR

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

21180 MAINSAIL CIRCLE

10.00-ARACOS

Suite, Apt. #, Etc.

B-13

88.75-ARSRP

City

AVENTURA

State

FL

Zip Code

33180

8. I, being appointed to registered agent of the above named corporation, am familiar it and accept the obligations of section

0.0505 or 1.050, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **MAY 25 2002**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|------------|--------------------------------------|---------------------------------------------------|--------------------------|
| PDR | GOTSMAN, FRANCK D. | 21180 Mainsail Circle, B-13 | 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 6 or 1, F.S. I further certify that in filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 600.01 or 1.001, 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 600.01(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

[Signature]
MAY 7 2002

Date

Daytime Phone #

954-455-1555

CR2E081 (9/01)

U.S. ARCHITECTURE

The Publication of Your Regional Architecture

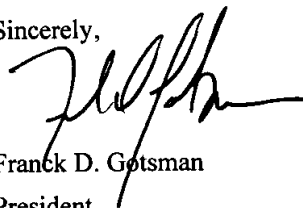
Dear Sir, Madam,

I was requested by the division of corporation to enclose a letter with the fee of \$300.00 for the year 2001 and 2002. I apologize for any inconvenience but unfortunately we seem to have problems receiving some mail and your correspondence has not been received in our office.

A relationship informed us that our corporation was dissolved and it was not our intention nor were we aware of that matter. I would appreciate if you could inform us of an automatic payment method available that could resolve this tiresome problem by either automatic transfer or providing credit card information.

We appreciate your consideration and understanding in that matter.

Sincerely,



Franck D. Gotsman

President

IMCD Inc