

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 25 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000087264**

**1. Corporation Name**

I.M.C.D. - INTERNATIONAL MEDIA CONSULTING & DEVELOPMENT,  
INC.

**2. Principal Office Address**

1250 E Hallandale Bch Blvd

Suite, Apt. #, etc.

Suite 407

City & State

Hallandale Bch., FL

Zip

33009

Country

Broward

**3. Mailing Office Address**

1250 E Hallandale Bch Blvd

Suite, Apt. #, etc.

Suite 407

City & State

Hallandale Bch., FL

Zip

33009

Country

Broward

**4. Date Incorporated or Qualified**

To Do Business in Florida 10/13/1998

**5. FEI Number**

650868725

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

GOTSMAN, FRANCK

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

21180 MAINSAIL CIRCLE

Suite, Apt. #, Etc.

UNIT B-13

City

Aventura

State

FL

Zip Code

33180

000029302120

02/24/04--01031--033 \*\*300.00

**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

Date

2/18/04

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
PDT	GOTSMAN, FRANCK D	21180 MAINSAIL CIRCLE, UNIT 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 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

2/18/04

Date

954-455-1555

Daytime Phone #

CR2E081 (01/04)