

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

pg 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000090492

1. Corporation Name

IMAGINE TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

1509 MILLBROOK COURT
ORANGE PARK FL 32073

1509 MILLBROOK COURT
ORANGE PARK FL 32073



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1998

5. FEI Number

59-3541046

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	GURULE, SHARON A	1509 MILLBROOK COURT	ORANGE PARK FL 32073
			200003456142--1 -11/07/00--01121--007 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GURULE, ANN-M
1509 MILLBROOK COURT
ORANGE PARK FL 32073

Name

Gurule, Sharon Ann
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

REGISTERED AGENT MUST SIGN

Date 10-19-00

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

Date

Daytime Phone #

10-19-00

CR2E040 (8/00)



IMAGINE TECHNOLOGY, INC.

1509 MILLBROOK COURT
ORANGE PARK, FL 32073
PHONE: (904) 215-2044
FAX: (904) 215-5267

Pozal

Department of State
Division of Corporations
409 East Gains Street
Tallahassee, Florida 32399

October 19, 2000

To Whom It May Concern:

Enclosed is the Application for Reinstatement for Imagine Technology, Inc. We have searched our files and are confident that we did not receive notice. We cannot explain how or why this might have happened, but would like to submit the required information and payment. We are asking however, that the late fees be waived.

Thank you for your time regarding this matter.

Yours truly,

Sharon A. Gurule
Registered Agent, Imagine Technology, Inc.

Enclosed: Application For Reinstatement
Check # 213, Amount \$150.00