

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -9 AM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800156994678
06/10/09--01074--006 **1208.75

CR2E081 (12/08)

DOCUMENT # P99000011896

1. Corporation Name

IMPERIAL MARKETING SERVICES INC

2. Principal Office Address - No P.O. Box #

1991 NE 31ST STREET

3. Mailing Office Address

1991 NE 31ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT
FLORIDA

City & State

LIGHTHOUSE POINT
FLORIDA

Zip

33064

Country

USA

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650901961

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

SIRTAS MATHAUDA

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

1991 NE 31ST STREET

Suite, Apt. #, Etc.

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064

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 6/8/09.

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
P	SIRTAS MATHAUDA	1991 NE 31ST STREET	LIGHTHOUSE POINT, FLORIDA 33064
T	KUGIE GILL	1991 NE 31ST STREET RH	LIGHTHOUSE POINT, FLORIDA 33064
REINSTATEMENT			

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 contained in Chapter 119, 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:

Kugie Gill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-09 954-782-7853

Date

Daytime Phone #