

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

01 JAN-31 AM 11:43

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																	
DOCUMENT # P99000018062 1. Corporation Name I.A.M., Inc.																			
2. Principal Office Address 3750 LaPaloma Avenue Suite, Apt. #, etc.		3. Mailing Office Address 3750 LaPaloma Avenue Suite, Apt. #, etc.																	
City & State Sarasota, Florida Zip 34242 Country USA		City & State Sarasota, Florida Zip 34242 Country USA																	
		4. Date Incorporated or Qualified To Do Business in Florida 2/24/99 5. FEI Number ☒ 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 Robert J. Carr Street Address (P.O. Box Number is Not Acceptable) c/o Kirk Pinkerton, 720 South Orange Avenue Suite, Apt. #, Etc. City Sarasota State FL Zip Code 34236																			
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 <i>Robert J. Carr</i> Date 1/30/01 REGISTERED AGENT MUST SIGN																			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Jack Imperatore, Sr.</td> <td>3750 LaPaloma Avenue</td> <td>Sarasota, Florida 34242</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	Jack Imperatore, Sr.	3750 LaPaloma Avenue	Sarasota, Florida 34242								
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Prepared by: David M. Silberstein Kirk Pinkerton 720 So. Orange Avenue Sarasota, Florida 34236 (941) 364-2481; Atty. Bar #0436879																			
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: <i>Jack Imperatore, Sr.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jack Imperatore, Sr., President		Date 1/30/01 Daytime Phone (941) 312-0129																	

FAX AUDIT #H01-12708

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4004

From:

Account Name : KIRK PINKERTON, A PROFESSIONAL ASSOCIATION

Account Number : 071670002600

Phone : (941) 364-2409

Fax Number : (941) 364-2490

CORPORATION REINSTATEMENT**I.A.M., INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
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