

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 16 PM 3:35

DOCUMENT # P99000031219

1. Corporation Name

IMAGEN 3000, Inc.

300062329683

12/21/05--01037--016 \*JDO-05

**REINSTATEMENT**  
CR2E081 (8/05)

2. Principal Office Address

6955 NW 77 Ave Suite 309

3. Mailing Office Address

Same

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33166

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4-6-1999

5. FEI Number

65-0908441

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

Antonio E. HOGONZ

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

6955 NW 77 Ave Suite 309

Suite, Apt. #, Etc.

309

City

Miami,

State

FL

Zip Code

33166

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 12/12/05

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
PD	Antonio E. HOGONZ	10675 SW 76 TR Miami, FL 33173	Miami, FL, 33173
VD	BARBARA M. HOGONZ	" "	" "
SD	GUILLEMO CABRERA	" "	" "

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)(f), 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

12/12/05

Date

786-7122003

Daytime Phone #

12/16/05