

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 20 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000042716

**1. Corporation Name**

Insurance Mangement Associates, Inc

460 Foxhaven Drive

460 Foxhaven Drive

**2. Principal Office Address**

460 Foxhaven Drive

**3. Mailing Office Address**

460 Foxhaven Drive

Suite, Apt. #, etc.

#1209

Suite, Apt. #, etc.

#1209

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34194

Country

USA

Zip

34104

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/11/99

**5. FEI Number**

59-3575796

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

Ann Frank, PA

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

2124 South Airport Road

Suite, Apt. #, Etc.

102

City

Naples

State  
FL

Zip Code  
34112

**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

*Ann T. Frank*

Date

12/17/04

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
Preside	Beatrice J. Diani	460 Foxhaven Drive #1209	Naples, FL 34104

*12/17/04*

700043538957  
12/20/04--01072--021 \*\*450.00

**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:

*Beatrice J. Diani* Beatrice J. Diani

Date

12/15/04

2396430872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (01/04)

Insurance Management Associates, Inc.  
460 Foxhaven Drive  
Suite 1209  
Naples, Florida 34104

December 15, 2004

To Whom It May Concern:

Please accept this letter as clarification of the requested reinstatement of this corporation. We had not been getting any corporate reports and began to get concerned as to the reason.

I went on line today and determined that the corporation had been administratively dissolved due to lack of the annual report from the year 2002 and forward. I found the reason to be an incorrect address for the corporate mailing. It was formerly a post office box and had been changed in 2001 and not picked up.

In accordance with my discussion with the department today I am enclosing the reinstatement form along with a check for \$450.00 to bring the corporation into compliance through 12/31/04. Thank you for your assistance.

Very Truly Yours,



Beatrice J. Diani  
President