

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



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

2000 UBR

FILED

00 OCT 30 AM 9:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000046812

1. Corporation Name

INTERNATIONAL FINANCIAL MANAGEMENT GROUP, INCORPORATED

Principal Place of Business

Mailing Address

1194 HILLSBORO MILE, SUITE 5
HILLSBORO BEACH FL 33062-1526

1194 HILLSBORO MILE, SUITE 5
HILLSBORO BEACH FL 33062-1526



700003468887--2

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

1199 Hillsboro Mile

1199 Hillsboro Mile

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#129

#129

City & State

City & State

Hillsboro Beach, FL

Hillsboro Beach, FL

Zip

Country

Zip

Country

33062

USA

33062

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/00 01072-018
***150.00 ***150.00
05/20/1999

5. FEI Number

Applied For

EIN # 65-0922951

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
Pres.	David Shawn Hoskins	1199 Hillsboro Mile	Hillsboro Beach, FL 33062

Our office moved + we did not receive the 2000 Annual Report Form. We respectfully request that you waive on a one time only basis the \$600.00 Reinstatement Fee. We had no financial activity in 1999 but plan to in 2000.

8. Name and Address of Current Registered Agent

Thank you!

9. Name and Address of New Registered Agent

HOSKINS, DAVID SHAWN
1194 HILLSBORO MILE, SUITE 5
HILLSBORO BEACH FL 33062-1526

Name

Same

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

1199 Hillsboro Mile #129

Suite, Apt. #, Etc.

#129

City

Hillsboro Beach

State

FL

Zip Code

33062

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

SIGNATURE REQUIRED

Date 10-20-00

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Shawn Hoskins

Date

10-20-00

Daytime Phone #