

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 25 PM 2:01

DOCUMENT # P99000064826

1. Corporation Name

INTERNET MARKETING SOLUTIONS-USA, INC.

Principal Place of Business

5121 EHRlich ROAD STE 101B-G
TAMPA FL 33624

Mailing Address

5121 EHRlich ROAD STE 101B-G
TAMPA FL 33624

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

1702 Blind Pond Ave

Lutz FL

City & State

33549

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1999

5. FEI Number

59-3625894

Applied For

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
VPD	SMITH, RAY	5828 BITTER ORANGE AVE	TAMPA FL 33625
PDS	DURAN, DAN	1702 BLIND POND AVENUE	LUTZ FL 33549
TD	DURAN, CYNTHIA	1702 BLIND POND AVENUE	LUTZ FL 33549
D	Daniel P Johnson	7510 Azurebrook Ct	Winter Park FL 32792
800004679268--7 -11/14/01--01083--017 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

DURAN, DANIEL J
1702 BLIND POND AVENUE
LUTZ FL 33549

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]
REGISTERED AGENT MUST SIGN

Date 10-23-01

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.

Daniel J. Duran

513 949-6418

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-01

Date

Daytime Phone #