

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

APPLICATION

FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000094934**

1. Corporation Name

INOVATIVE MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

**2000 BANKS RD. SUITE D-1
MARGATE FL 33063**

**2000 BANKS RD. SUITE D-1
MARGATE FL 33063**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1999

5. FEI Number

65-0957726

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HOSEIN, SHAHEED	2000 BANKS RD, STE D-1	MARGATE FL 33063
DVP	NOTO, RICHARD	2000 BANKS RD, STE D-1	MARGATE FL 33063

300004672973--4

11/08/01-01072-001

******150.00 ****150.00**

01 UBR 18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**HOSEIN, SHAHEED
2000 BANKS RD, SUITE D-1
MARGATE FL 33063**

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

Shaheed Hosein **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10-22-01**

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.

SIGNATURE:

Shaheed Hosein **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06261 934-979-9438

CR2E040 (8/01)



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OCTOBER 19, 2001

TO WHOM IT MAY CONCERN:

PER MY PHONE CONVERSATION THIS MORNING TO YOUR OFFICE. I AM WRITING THIS LETTER AND SENDING IN THE 150.00 FEE. I DO NOT RECALL RECIVING THIS TO PAY THE 2001 CORPORATION /UNIFORM BUSINESS REPORT, PRIOR TO RECEIVING THIS. IF WE MUST SEND IN THE LATE FEES, PLEASE SEND US A LETTER AND WE WILL SEND IT RIGHT OUT.

P99000094934 - FEI 65-0957726

THANK YOU,

INOVATIVE MANAGEMENT GROUPE: