

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # V04241

1. Corporation Name

IMAGINATIONS PLUS, INC.

Principal Place of Business

9810 ALT A1A
STE. 109B
PALM BEACH GARDENS FL 33410
US

Mailing Address

P. O. BOX 17510
WEST PALM BEACH FL 33416
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1992

SP

5. FEI Number

65-0302987

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PICCIOLO, VINCENT N.	9810 ALT A1A, SUITE 109B	PALM BEACH GARDENS FL 33410
VST	PICCIOLO, TERESA L.	9810 ALT A1A, SUITE 109B	PALM BEACH GARDENS FL 33410
D	PICCIOLO, TERESA L.	9810 ALT ALA, SUITE 109B	PALM BEACH GARDENS FL 33410

8. Name and Address of Current Registered Agent

PICCIOLO, VINCENT N.
9810 ALT A1A
STE. 109B
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]

Date 12/31/00

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.

SIGNATURE:

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

Date

Daytime Phone #

12-31-00 561 7458209

FILED
01 JAN 11 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

[Handwritten mark]

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750.00 **750.00

CR2E040 (8/00)