

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 22 AM 8:01

DOCUMENT #

V31528

1. Corporation Name

INTERNATIONAL ASSETS Management Corp
Inc

2. Principal Office Address

1751 W. Copans Rd

Suite, Apt. #, etc.

7

3. Mailing Office Address

1751 W. Copans Rd

Suite, Apt. #, etc.

7

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33064

Country

Broward

Zip

33064

Country

Broward

4. Date Incorporated or Qualified
To Do Business In Florida

4/92

5. FEI Number

65-0328874

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐M 75. Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JERILYN L Glyn

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

1751 W. Copans Rd

Suite, Apt. #, Etc.

#1

City

Pompano Beach

State

FL

Zip Code

33064

700008520157

10/22/02--01111--003 **150.00

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

REGISTERED AGENT MUST SIGN

Date

10/19/02

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
P	JERILYN L Glyn	1751 W. Copans Rd #1	Pompano Beach FL 33064

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/02 9547840392

10/25/02
ad

022501 (9/01)