PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV -4 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H69662**

1. Corporation Name

IMAGINEERING PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
18885 SW 357TH STREET HOMESTEAD FL	18885 SW 357TH STREET HOMESTEAD FL

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

REINSTATEMENT 09

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: 08/05/1985 SP

5. FEI Number: 59-2587773 ☐ 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
PV	SPISAK, RICHARD W.	18885 SW 357TH ST	HOMESTEAD FL
TS	SPISAK, LINDA E.	18885 SW 357TH ST	HOMESTEAD FL
			900003046439--1
			-11716/99--01101--019
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

SPISAK, RICHARD W.
18885 SW 357TH STREET
HOMESTEAD FL

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

CR2E040 (8/99)

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: Richard W Spisak REQUIRED — Date: 10/31/99
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: Richard W Spisak Richard W Spisak Sr Pres — Date: 10/31/99 — Daytime Phone #: 305-248-5857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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