

PLEASE READ ALL INSTRUCTIONS BEFORE FILING

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P20229*

1. Corporation Name
IMI SYSTEMS, INC.

Principal Place of Business
**175 BROAD HOLLOW ROAD
MELVILLE, NY 11747**

Mailing Address

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

7/27/88

5. FEI Number

13-2968712

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
	SEE ATTACHED RIDER		
			400002686234--8 -11/12/98--01099--003 ****750.00 ****603.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CI CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL. 33324**

**Name
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)
4435 OLD WINTER GARDEN ROAD
Suite, Apt. #, Etc.**

**City
ORLANDO**

**State
FL**

**Zip Code
32802**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

James M. Laderoute, Jr.
REGISTERED AGENT MUST SIGN

Date

11/9/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☐

(See other side for information
on intangible tax.)

12. 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

Lauren L. Laderoute, Jr.
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAUREN L. LADEROUTE, JR., SECRETARY**

11/2/98
Date

(516) 844-7260
Daytime Phone #

P-2 V. L. REX
7-13**IMI SYSTEMS INC.****OFFICERS AND DIRECTORS****DIRECTORS****POSITION HELD****RESIDENCE** *Business*

Frank N. Liguori

Director

175 Broad Hollow Road
Melville, NY 11747

Carleton Schowe

Director

290 Broad Hollow Road
Melville, NY 11747

Stuart Olsten

Director

175 Broad Hollow Road
Melville, NY 11747**OFFICERS**

Frank N. Liguori

Chairman

175 Broad Hollow Road
Melville, NY 11747

Carleton Schowe

Director

290 Broad Hollow Road
Melville, NY 11747

William P. Costantini

Senior Vice President

175 Broad Hollow Road
Melville, NY 11747

Anthony J. Puglisi

Senior Vice President

175 Broad Hollow Road
Melville, NY 11747

Raymond Blaile

Vice President

290 Broad Hollow Road
Melville, NY 11747

Thomas Krausz

Vice President and Secretary

175 Broad Hollow Road
Melville, NY 11747

Laurin L. Laderoute, Jr.

Vice President and Assistant
Secretary175 Broad Hollow Road
Melville, NY 11747