


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

STATE OF FLORIDA
DIVISION OF CORPORATIONS

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CORPORATION REINSTATEMENT



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

DOCUMENT # P99000018062
1. Corporation Name
I.A.M., Inc.

2. Principal Office Address 3750 LaPaloma Avenue Suite, Apt. #, etc.		3. Mailing Office Address 3750 LaPaloma Avenue Suite, Apt. #, etc.	
City & State Sarasota, Florida		City & State Sarasota, Florida	
Zip 34242	Country USA	Zip 34242	Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 2/24/99

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status.

00-01

7. Name and Address of Current Registered Agent

Name
Robert J. Carr

Street Address (P.O. Box Number is Not Acceptable)
c/o Kirk Pinkerton, 720 South Orange Avenue

Suite, Apt. #, Etc.

City
Sarasota

State
FL

Zip Code
34236

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 Robert J. Carr Date 1/30/01
REGISTERED AGENT MUST SIGN

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	Jack Imperatore, Sr.	3750 LaPaloma Avenue	Sarasota, Florida 34242

Prepared by: David M. Silberstein
Kirk Pinkerton
720 So. Orange Avenue
Sarasota, Florida 34236
(941) 364-2481; Atty. Bar #0436879

AD

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: Jack Imperatore, Sr. Date 1/30/01 (941) 312-0129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
Jack Imperatore, Sr. President

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : KIRK PINKERTON, A PROFESSIONAL ASSOCIATION
Account Number : 071670002600
Phone : (941) 364-2409
Fax Number : (941) 364-2490

CORPORATION REINSTATEMENT

I.A.M., INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00