

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA  
DIVISION OF CORPORATIONS

466568

FILED  
99 JUL 27 PM 12:14  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**DOCUMENT #**

1. Corporation Name

IVA CORPORATION

Principal Place of Business Mailing Address

22466 Pacific Coast Highway  
Malibu, CA 90265

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/20/74	
City & State		City & State		5. FEI Number	
Zip		Country		59-1776966	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
P/D	Norman J. Ackerberg	22466 Pacific Coast Highway, Malibu, CA 90265	

REINSTATEMENT 94-99  
cc

100002943071-6  
-07/27/99 -01028-015  
\*\*\*1561.25 \*\*\*1508.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Joel Reinstein, Esquire 110 E. Broward Boulevard Suite 1650 Ft. Lauderdale, FL 333		Name Harvey G. Kopelowitz, Esq. Street Address (P.O. Box Number is Not Acceptable) 312 SE 17th Street Suite, Apt. #, Etc Second Floor City Ft. Lauderdale State FL Zip Code 33316	

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 *X* REGISTERED AGENT MUST SIGN Date 7-23-99

11. This corporation owes 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)(j), 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.

Norman J. Ackerberg, President/Director  
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 7/9/99 Daytime Phone # 310/456-3008

CR2E081 (12/98)