F08000001229

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2022 JUL 26 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FL

500393548395
08/29/22--01009--001 **1050.00

500393548395
08/29/22--01009--002 **150.00

CR2E081 (11/10)

DOCUMENT # F08000001229

1. Corporation Name

Ideal Innovations Incorporated

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4401 Wilson Blvd Ste 210		4401 Wilson Blvd Ste 210	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Arlington		City & State: Arlington	
Zip: 22203	Country: US	Zip: 22203	Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 3/20/2008

5. FEI Number: 38-3391089 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Kevin Wint

Street Address (P.O. Box Number is Not Acceptable): 20225 Moss Hill Way

Suite, Apt. #, Etc.:

City: Tampa | State: FL | Zip Code: 33647

AMENDMENT
2019-2022

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 _____ Date 15 FEB 2022

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
CFO	Richard Syretz	12004 Trona Ct	Manassas, VA 20112
CEO	Robert Kocher	1880 Virginia Ave	McLean, VA 22101

10. E-mail Address: accounting@idealinnovations.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ RICHARD Syretz 2/15/2022 571-480-5033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #