

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -9 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P97000088222

1. Corporation Name

Invernet Capital Inc.

2. Principal Office Address

9809 NW 80 Ave #9L

Suite, Apt. #, etc.

City & State

HIALEAH Gardens, FL

Zip ~~33016~~ 33016

Country
USA

3. Mailing Office Address

9809 NW 80 Ave #9L

Suite, Apt. #, etc.

City & State

HIALEAH Gardens, FL

Zip 33016

Country
USA

500026623235
01/09/04--01081--006 **750.00

03

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1997

5. FEI Number

65-6787219

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

CARLOS M. GARCIA

Street Address (P.O. Box Number is Not Acceptable)

4239 SABAL RIDGE Circle

Suite, Apt. #, Etc.

City

Weston

State
FL

Zip Code

33331

REINSTATEMENT

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/11/2003

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.D.T.	Carlos M. GARCIA	4239 SABAL RIDGE Circle	Weston, FL 33331
VP	MERCEDES GARCIA	4239 SABAL RIDGE Circle	Weston, FL 33331

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:

CARLOS M. GARCIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/03

Daytime Phone #

(954) 993-4941

CR2E081 (10/02)