

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -2 PM 1:58

DOCUMENT # **P98000072815**

1. Corporation Name

INNERVIEW CONSULTANT ASSOCIATES, INC.

Principal Place of Business

5546 WEST OAKLAND PARK BLVD.
SUITE 202
LAUDERHILL FL 33313

Mailing Address

5546 WEST OAKLAND PARK BLVD.
SUITE 202
LAUDERHILL FL 33313

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1998

5. FEI Number

65-0634322 APPLIED FOR

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PEREZ, TOMAS L	145 ESSEX ROAD	HOLLYWOOD FL 33024
			200003471012--7 -11/20/00--01137--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

STRONG, BARBARA
5546 WEST OAKLAND PARK BLVD.
SUITE 202
LAUDERHILL FL 33313

9. Name and Address of New Registered Agent

Name

TOMAS L PEREZ

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

5546 W. OAKLAND PARK BLVD

Suite, Apt. #, Etc.

Suite 202

City

LAUDERHILL

State

FL

Zip Code

33313

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

Tomas Perez
REGISTERED AGENT MUST SIGN

Date 10-31-00

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-31-00

Daytime Phone #

954 (717-0022)

CR2E040 (8/00)