

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -1 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000081382

1. Corporation Name

INNOVATION DESIGN, INC.

REINSTATEMENT 02-05

2. Principal Office Address

7390 N.W. 5th ST.

Suite, Apt. #, etc.

SUITE 1

City & State

PLANTATION, FL

Zip

33317

Country

USA

3. Mailing Office Address

7390 N.W. 5th ST.

Suite, Apt. #, etc.

SUITE 1

City & State

PLANTATION, FL

Zip

33317

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/02/00

5. FEI Number

65-1038176

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

JEFFREY KOSTICK

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

7390 N.W. 5th STREET

Suite, Apt. #, Etc.

SUITE 1

City

PLANTATION

State

FL

Zip Code

33317

200046084532

02/07/05--01029--007 **\$00.00

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

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
PRES	JEFFREY KOSTICK	7390 N.W. 5 th ST	PLANTATION, FL 33317

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/05

Daytime Phone #

954-554-7294

Jeffrey Kostick

CR2E081 (01/05)

January 25, 2005

Florida Department of Revenue
5050 W. Tennessee Street
Tallahassee, FL 32399-0135

Re: Innovation Design, Inc.
7390 N.W. 5th Street, Suite 1
Plantation, FL 33317
FEIN: 65-1038176

Dear Sir/Madam:

Enclosed please find a copy of your notice, Form 1120S, a reinstatement form, and a check for \$600. Since my address changed in 2002, I would be grateful if you would consider waiving the \$600 penalty to reinstate my account.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jeffrey Kostick". The signature is stylized with a large initial "J" and a cursive "K".

Jeffrey Kostick