

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA

DIVISION OF CORPORATIONS

466568

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

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

12/20/74

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1776966

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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. Ackenberg	22466 Pacific Coast Highway, Malibu, CA 90265	

REINSTATEMENT 94-99
cc

100002943071-6
-07/27/93 - 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 *[Signature]*

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. Ackenberg, President/Director

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/99
Date

310/456-3008
Daytime Phone #

CR2E081 (12/98)