

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC -2 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000006034

**1. Corporation Name**

INOVEK FINANCIAL CORPORATION

**2. Principal Office Address**

12541 METRO PARKWAY

Suite, Apt. #, etc.

#12

City & State

FT MYERS

Zip

33912

Country

USA

**3. Mailing Office Address**

12541 METRO PARKWAY

Suite, Apt. #, etc.

#12

City & State

FT MYERS

Zip

33912

Country

USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/4/2002

**5. FEI Number**

06-1638249

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

THOMAS J. NUMANER

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

1417-3 DEL MARO BLVD

Suite, Apt. #, Etc.

159

City

CAPE CORAL

State

FL

Zip Code

33990

**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

Thomas J. Numaner  
REGISTERED AGENT MUST SIGN

Date

11/30/2004

**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
<u>D</u>	<u>FERN ROBINSON</u>	<u>7181 COLLEGE PARKWAY #30</u>	<u>FT MYERS, FL 33907</u>

600043126786  
12/02/04--01028--012 \*\*908.75

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**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:

Fern Robinson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 30/04

Daytime Phone #

CR2E081 (01/04)