

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 AUG 19 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F10000005669

1. Corporation Name

I ANALYST, INC.

2. Principal Office Address - No P.O. Box #

14 N G 1ST AVE

3. Mailing Office Address

Suite, Apt. #, etc.

576 303

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33132

Country

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/2010

5. FEI Number

27-2312841

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

WES COWAN

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

9499 COLLINS AVE

Suite, Apt. #, Etc.

APT 208

City

SUNNYSIDE

State

FL

Zip Code

33154

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08/19/13--01044--025 **1050.00

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

REGISTERED AGENT MUST SIGN

Date

8/16/13

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.S.D	WES COWAN	9499 COLLINS AVE APT 208	SUNNYSIDE, FL 33154

10. E-mail Address: Wes@iAnalyst.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Wes Cowan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/13

Date

917.640.7984

Daytime Phone #