Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
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CORPORATION REINSTATEMENT
INNOVARO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

JUN 17 2015

R. HUNT

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F99000006084

1. Corporation Name
INNOVARO, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12425 Race Track Rd.	12425 Race Track Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33626 Country: USA	Zip: 33626 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/23/1999

5. FEI Number: 593603677 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, etc.

City: Plantation State: FL Zip Code: 33324

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: Connie D [illegible] — REGISTERED AGENT-MUST SIGN

Date: June 17, 2015

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	LANUM, ASA	2109 EAST PALM AVENUE	TAMPA, FL 33605
D	Jenkins, Donna	12425 Race Track Rd.	Tampa, FL 33626
D	Loomis, L, John	12425 Race Track Rd.	Tampa, FL 33626
D			
D			

REINSTATEMENT

JUN 17 2015
R. HUNT

10. E-mail Address: Tanin.hecries@yahoo.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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-15 — DATE

650-520-9651 — DAYTIME PHONE #