G03322

100003330541--7

Annual Report
Filed 3-8-91

2pgs.

APPLICATION FOR REINSTATEMENT 1990

G03322

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Address of Corporation: G03322

P50027128

INVO FLORIDA, INC.
% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION, FL. 33324

11/9/90

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

FILED
1991 MAR -8 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified To Do Business in Florida: 10/06/1982

4. FEI Number: 58-1503693

FEI Number Applied For
FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and Director

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	
S/V/P	HOLM, STEVEN I	950 3RD AVE	NEW YORK, NY	00000
P/D	ICHAKI, ZVI	950 3RD AVE	NY, NY	00000
V/P/T	PLATEK, AVNER	950 3RD AVE	NY, NY	00000

REINSTATEMENT 1990-1991

B/C

REGISTERED AGENT INFORMATION

6 Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION, FL. 33324

7 Name and Address of New Registered Agent

Name: -03/14/91--00022--009

Street Address (Do NOT Use P.O. Box Number): REINSTATEMENT -----***175.00

Street Address (Do NOT Use P.O. Box Number): ANNUAL REPORT -----***122.50

City and State: TOTAL -----***297.50

Zip Code: FL.

8 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: EDWARD CWIKOWSKI Assistant Vice President

Date: 3/5/91

REGISTERED AGENT MUST SIGN

9 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, 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, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate and my signature shall have the same legal effects as if made under oath.

Signature of Officer or Director: ZVI on behalf of ZVI Ichaki Date: 3/25/91 Phone # 201-784-0506

Typed or printed name of signing officer or director: ZVI ICHAKI

10 Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

$8.75 Additional Fee required for a Certificate of Status