

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 SEP 14 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

INNOVATIVE SCIENTIFIC CONCEPTS, INC.

Principal Place of Business

Mailing Address

1835 East Merritt Island Causeway
Merritt Island FL 32952

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

2/10/89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0161299

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
President	James D. Wellington	5436 Baytowne Court	Oviedo FL 32765
Vice Pres	Andrew J. VanDermia	1551 Stafford Ave	Merritt Island FL 32952
Treasurer	Donald N. VanDermia	1240 St. Ann Drive	Eric PA 16407
			TS. 9/15
			97-98
			900002639819--9
			-09/15/98--01054--018
			800.00 Ag900.00

8. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent

James D. Wellington
2911 Red Bug Lake Road
Casselberry, FL 32707

Name

James D. Wellington

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

1835 East Merritt Island Causeway

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

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

James D. Wellington

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid 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)(b), 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:

James D. Wellington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/98

Date

407-452-0006

Daytime Phone #