

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -9 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K 75443

1. Corporation Name

INNOVATIVE PROMOTIONS, INC.

2. Principal Office Address

1911 HARRISON ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33020-5017

Country

USA

3. Mailing Office Address

1911 HARRISON ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33020-5017

Country

USA

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

04/01/1989

5. FEI Number

65-0107298

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

Daniel Z. Averbook

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

4555 No. Meridian Avenue

Suite, Apt. #, Etc.

City

Miami Beach.

State
FL

Zip Code

33140-2944

REINSTATEMENT 00-91178

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

Daniel Z. Averbook

Date **2-6-01**

REGISTERED AGENT MUST SIGN

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
DPT	Averbook, Arthur S.	1911 Harrison St.	Hollywood, FL 33020-5017
S	Averbook, Daniel Z.	4555 No. Meridian Ave.	Miami Beach, FL 33140-2944
			200003745272--7
			-02/21/01--01054--025
			****998.75 ****998.75

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:

Arthur S. Averbook

Arthur S. Averbook, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 922-2323

Daytime Phone #