

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000020216
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -2 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020216

Name and Mailing Address

0004645 01 FP 0.352 **PRSR T4 0 0615 33469-171919

INNOVATIVE SOLUTIONS, LLC

18719 S.E. FEDERAL HIGHWAY
TEQUESTA FL 33469-1719



2. New Mailing Address

18719 S.E. Federal Hwy
Tequesta FL 33469

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/21/2001

Principal Place of Business

18719 S.E. FEDERAL HIGHWAY
TEQUESTA FL 33469

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

47-0850395

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

PROSKE, KENNETH I
18719 S.E. FEDERAL HIGHWAY
TEQUESTA FL 33469

9. Name and Address of New Registered Agent

Name

David C. Ballou

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

SAME

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date NOV. 7, 2002

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PROSKE, KENNETH I	18719 S.E. FEDERAL HIGHWAY	TEQUESTA FL 33489
MGRM	BALLOU, DAVID C	18719 S.E. FEDERAL HIGHWAY	TEQUESTA FL 33489

500008963295
11/13/02--01034--016 **100.00

500008963295
11/13/02--01034--017 **100.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date NOV. 7, 2002 Daytime Phone # 351-746-6060

Typed or printed name of signing Managing Member/Manager

David C. Ballou

CR2E084 (8/02)