PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
1996 NOV 20 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L79647

1. Corporation Name

IVETTE INC.

Principal Place of Business	Mailing Address
DE	28
~~801 E COMMERCIAL BLVD~~	~~801 E COMMERCIAL BLVD~~
~~FT. LAUDERDALE FL 33334~~	~~FT. LAUDERDALE FL 33334~~
US	US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Same	685 S.W. 50th. Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Margate, Florida
Zip / Country	Zip: 33068 / Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 06/08/1990

5. FEI Number: 65-0200575 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PSD	GONZALES, ANGEL J.	~~801 E. COMMERCIAL BLVD.~~ 685 S.W. 50th. Terrace	~~FT. LAUDERDALE FL~~ Margate, Florida 33068

700002013667--0
-11/26/96--01027--013
****375.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SIVERIO, E.	Name
~~2000 S.W. 90TH TERRACE~~	Street Address (P.O. Box Number is Not Acceptable): [redacted]
~~STE 100~~	Suite, Apt. #, Etc.: 7170 Pembroke Road
~~MIRAMAR FL 33025~~	City: Pembroke Pines, Florida 33023 — State: FL — Zip Code

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: SIGNATURE REQUIRED [signature] Date: 10/26/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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: SIGNATURE REQUIRED 10-26-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Angel Gonzalez

CR2E040 (7/96)