

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVAL  
AND  
FILED

03 NOV -7 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000005084**

1. Corporation Name

**INCREASE, INC.**

Principal Place of Business

12555 ORANGE DRIVE  
244  
DAVIE FL 33330

Mailing Address

PO BOX 268013  
WESTON FL 33326

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/18/2001

5. FEI Number

65-1128003

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



**REINSTATEMENT 2003**

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	4 City / State / Zip
PTD	DUBREUZE, SARA A	P.O. BOX 268013	WESTON FL 33326
SD	DUBREUZE, LIBNY H	P.O. BOX 268013	WESTON FL 33326
D	ARDAVE, MARIA CLAUDIA	P.O. BOX 268013	WESTON FL 33326

600024508436

11/07/03--01050--007 \*\*236.25

8. Name and Address of Current Registered Agent

TOVAR, ILEANA ARIAS  
1725 MAIN STREET  
SUITE 205  
WESTON FL 33326

9. Name and Address of New Registered Agent

Name **LORNA ARMSTRONG.**  
Street Address (P.O. Box Number is Not Acceptable)  
**6915 TAFT ST**  
Suite, Apt. #, Etc.  
City **HOLLYWOOD** State **FL** Zip Code **33024**

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10-08-2003**

11. 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

**LIBNY DUBREUZE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-08-03**

Date

**954 885 86268**

Daytime Phone #

CR2E040 (7/03)