

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 NOV -5 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000072714

1. Corporation Name

IVORY TOUCH, INC.

Principal Place of Business

Mailing Address

3751 S.W. 146TH AVENUE  
MIRAMAR FL 33027

3751 S.W. 146TH AVENUE  
MIRAMAR FL 33027

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/31/2000

5. FEI Number

65-1036542

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	JACKSON, IVORY	3751 S.W. 146TH AVENUE	MIRAMAR FL 33027
			0000004703610--8 12/04/01 01029 008 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FILINGS, INC.  
3732 N.W. 18TH STREET  
FT. LAUDERDALE FL 33311-4132

Name

IVORY JACKSON

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

3751 S.W. 146TH AVE.

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

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

IVORY JACKSON  
REGISTERED AGENT MUST SIGN

Date 11-2-01

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:

IVORY JACKSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-2-01 (954)  
442-8258  
Daytime Phone #

CR2E040 (8/01)

2012

**IVORY TOUCH, INC.**  
**Ivory M. Jackson, Owner**

3751 SW 146<sup>th</sup> Avenue  
Fax: (954) 442-8257

Miramar, FL 33027  
Phone: (954) 442-8258

October 26, 2001

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**TO WHOM IT MAY CONCERN:**

I am a new corporation and had no activity at all since becoming an entity. I have relied on an attorney for advice in the past, but since I had no activity, I did not think I needed to contact him for any advice until I started doing some business.

I never received any prior notice of a yearly fee being due, and sorry to say that I was not conscience of a yearly fee being due. Now that I have been made aware that I need to pay a yearly fee, I will always remember to pay it each year.

I am enclosing a check for \$150 and hope that it will be accepted for the yearly fee that was due.

Thank you for considering my predicament.

Sincerely,



Ivory Jackson