

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

~~Clerk of the Court~~
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -2 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000012757

1. Corporation Name

IVA DEVELOPMENT, INC.

Principal Place of Business

230 HUNTING LODGE DR
MIAMI SPRINGS FL 33166

Mailing Address

230 HUNTING LODGE DR
MIAMI SPRINGS FL 33166



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

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1078574

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	ANDERSON, ISABEL V	230 HUNTING LODGE DR	MIAMI SPRINGS FL 33166
D	ANDERSON, DAVID	230 HUNTING LODGE DR	MIAMI SPRINGS, FL 33166

300025330259
12/08/03--01076--017 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PLOUCHA, L M
C/O ATKINSON, DINER, STONE ET AL
1946 TYLER ST
HOLLYWOOD FL 33020-4517

Name

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

Suite, Apt. #, Etc.

City

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/29/2003

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/03
Date

(305) 696-3335
Daytime Phone #

CR20040 (7/03)