PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	PORATION STATEMENT			cretary o		STATE		05	FIL JAN I	LED 14 AM	8: t ₄ 7	
DOCUMENT # PO! 000 035508 1. Corporation Name							SECRETANY OF STATE TALLABASSEE, FLORIDA					
Īhr	nella Gro	φ, Inc.								•		
2. Principal Office Address (60) S Federal Hwy			3. Mailing Office Address 601 S. Federal Huy			lwy	REINSTATEMENT 04-					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				A. Data taxaaa Aadaa Qualifad					
City & State	1	City & State				To Do Business in Florida 5 9 9						
Boca Ration, FI			Boca Ration, FI				5. FEI Number (05-0896524 Applied For Not Applicable					
^{zip} 334	3a L	ŠA	3343		ountry.	1	6.	OF STATUS DE		\$8.75 Addit	ional Fee required ificate of Status	
			7. Nan	ne and Add	ress of Currer	nt Register	ed Agent					
	Name	Fred Col	hen						• ***		:	
	Street Address (P.O. Box Number is Not Acceptable)							40004380875 01/03/0501047004 ** 50. 00				
	Suite, Apt. #, Etc.	119 WS	Highwa	4 Ora				<u> </u>	11041-	<u> </u>	*** 30.00	
:	city Nor-	thePalm	Brach	Not)	<u> </u>		State Zi	334	 υχ		
.8. I, being Signature of Registered		reck	ve named corpora	D-1	Í L	ccept the o	bligations of section			f.s. 9-04	:	
9. Names	and Street Addresse	s of Each Officer and	d/or Director (Florid	la nonprofit								
Titles	Name of Officers and/or Directors			Street Address of Ead Officer and/or Director				City / State / Zip				
DPVST	Innella, Alan R			6901 DW 18th St			- St101	Raton, F1 33433				
4	Innella	1.LInda		6901	Sw 1	84n 2	भ अटाठा	Bocq	Rate	n, Fl	33433	
		<u></u>					01/26	1004! 705010	545 390	1:57 22 **	1 150.00	
						F-1	A TOMA	ERRE	ATT	04	-00	
this rei owed i	y that I am an officer of instatement application by the corporation has application is true an	n, the reason for diss ve been paid and the	solution has been s names of individua signature shall have	eliminated, thats listed on the	ne corporate na this form do no agal effect as i	plication as ame satisfie at qualify for f made und	provided for in chasts the requirements an exemption under oath,	pter 607 or 61 of section 607 er section 119	7, F.S. I fur 7, F.S. I fur 7.0401 or 6 .07(3)(i), F.	17.0401, F.S S. The inform	3., that all fees nation indicated	
	SIGNATU	RE AND TYPED OR PR	RINTED NAME OF SI	GNING OFFIC	ER OR DIRECT	OR		Date		Daytime Pho	ne#	



January 10, 2005

Florida Department of State Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

To Whom It May Concern:

Enclosed you will find four Corporate Reinstatement applications. On December 27, 2004 my application for a Fictitious Name Renewal was returned to me due to the fact that the corporation named as the owner was inactive. I was never notified that the enclosed four corporations were up for renewal of that they had expired. Per a phone conversation with the State I was instructed to file a reinstatement for the four corporations and include four checks in the amount of \$150.00 each. I was also instructed to include the original Fictitious Name Application. I followed all these instructions and the paperwork was received by the State on December 31, 2004. On January 10, 2005 I received all the applications back again stating it would cost an additional \$600.00 to reinstate them. I again called the State and was instructed to send another letter attached to each reinstatement with an explanation and requesting that the reinstatement fees be waived due to the fact I never received notification of the renewal. Even though the four applications were returned the original four checks #3796, #3795, #3794, #1143 in the amount of \$150.00 each were not returned. Therefore I am requesting these checks be applied to the four 2004 renewal and that the reinstatement fees be waived. I have also enclosed four additional checks in the amount of \$150.00 each for the 2005 renewals.

If you have any questions regarding this matter please call me at 561-394-7800

Alan R. Innella Broker/Owner

RE/MAX Advantage Plus

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