

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2003 NOV 10 PM 4:04

DOCUMENT # P01000055062

1. Corporation Name

INNOVATIVE HOMES & REMODELING, INC.

Principal Place of Business

5035 CYPRESS TRACE DR.
TAMPA FL 33624

Mailing Address

5035 CYPRESS TRACE DR.
TAMPA FL 33624

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

06/04/2001

5. FEI Number

59-3728221

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	JAMES, EDWARD WARREN III	5035 CYPRESS TRACE DR.	TAMPA FL 33624

109024564231
11/10/03--01063--002 **150.00

8. Name and Address of Current Registered Agent

CORPORATE SERVICES, INC.
537 E. PARK AVE.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
EDWARD W. JAMES III
Street Address (P.O. Box Number is Not Acceptable)
5035 CYPRESS TRACE DR.
Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33624

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11-5-03

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

11-5-03

Date

(813)376-5911

Daytime Phone #

CR2E040 (7/03)

Innovative Homes & Remodeling Inc.

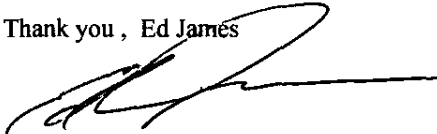
5035 Cypress Trace Dr. ~ ~ Tampa, Fl. 33624 ~
Phone (813) 376-5911 ~ Fax (813) 961-4788

November 05, 2003

To whom it may concern,

All of my past renewals (1) have been through Corporate Services Inc. Their office did not send a renewal and I did not receive a notice. As this is my first corporation and unaware that I had to renew each year. Please allow me to renew and I have also submitted a Statement of Change of Registered Agent form. Enclosed is payment for \$150.00 and \$35.00 for the change.

Thank you , Ed James



President, Innovative Homes & Remodeling Inc.