

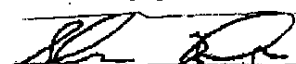


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000059862			
1. Corporation Name INNOVATIVE FINANCIAL & PROPERTY SOLUTIONS OF FLORIDA INC.			
2. Principal Office Address PO BOX 620931		3. Mailing Office Address PO BOX 620931	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Oviedo, FL		City & State Oviedo, FL	
Zip 32762-0931	Country USA	Zip 32762-0931	Country USA
		4. Date Incorporated or Qualified To Do Business in Florida	
		5. FEI Number 59-3675810	Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Add to Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name SHAWNTE BROADUS			
Street Address (P.O. Box Number is Not Acceptable) 3021 Carlsbad Ct			
Suite, Apt. #, Etc.			
City Oviedo		State FL	Zip Code 32765-8438
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent		Date 1-18-2005	
 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SHAWNTE BROADUS	7523 Aloma Ave Suite 211	Winter Park, FL 32792
10. 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 118.07(3)(b), 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:		Date 1-18-05	Daytime Phone # 407-557-3324
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 JAN 21 AM 10:00

REINSTATEMENT

03-05

21 Jan 2005 13:07 A1A#CORPORATE#SERVICES

3056752811

P.2

JAN-2-2002 12:45A FROM:
19 Jan 2005 13:04

A1A#CORPORATE#SERVICES

TO:17865242400
3056752811

P:2

P.1

DATE: Wednesday, January 19, 2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS


FROM: SHAWNIE BROADUS
INNOVATIVE FINANCIAL & PROPERTY SOLUTIONS OF
FLORIDA INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.

PLEASE FILE OUR ANNUAL REPORT AND DO NOT CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 407-383-8388.

THANKS,

X 

SHAWNIE BROADUS, VICE PRESIDENT

INNOVATIVE FINANCIAL & PROPERTY SOLUTIONS OF FLORIDA INC.

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

CORPORATION REINSTATEMENT

INNOVATIVE FINANCIAL & PROPERTY SOLUTIONS OF FLORIDA

Certificate of Status	0
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