

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

03 OCT 13 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000062616

1. Corporation Name

INNOVATIVE BUSINESS RESOURCES CORPORATION

Principal Place of Business

Mailing Address

1850 43RD AVE., STE. G-3 C9
VERO BEACH FL 32960

1850 43RD AVE., STE. G-3 C9
VERO BEACH FL 32960



REINSTATEMENT

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

06/25/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1850 43RD AVE., STE. G-3 C9

1850 43RD AVE., STE. G-3 C9

City & State

City & State

VERO BEACH, FL

VERO BEACH, FL

Zip

Country USA

Zip

Country USA

32960

INDIAN RIVE

32960

USA

5. FEI Number

59-3728347

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 |
|---------------|---|--|---|
| PSTD | SMITH, ROBERT W | 1850 43RD AVE., STE. G-3 C9 | VERO BEACH FL 32960 |
| VP | SMITH, KELLEY J | 1850 43RD AVE., STE. G-3 C9 | VERO BEACH FL 32960 |
| | | | 100023764507 10/13/03--01090--034 **750.00 |
| | | | 700023764507 10/13/03--01090--034 **758.75 |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, ROBERT W
C/O INNOVATIVE BUSINESS RESOURCES CORP.
1850 43RD AVE., STE. G-3 C9
VERO BEACH FL 32960

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 10/10/2003

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

10/10/2003 272-569-0084
Date Daytime Phone #

CR2E040 (7/03)