

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 26 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000076034

1. Corporation Name

Investorations Inc.

2. Principal Office Address

3601 Flores Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

3601 Flores Ave

Suite, Apt. #, etc.

City & State

Sarasota, Fla.

City & State

Sarasota, Fla.

Zip

34239

Country

U.S.A.

Zip

34239

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/30/01

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John F. Golly

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

3601 Flores Ave.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34239

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:**

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/3/03

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/T	John Golly	3601 Flores Ave	Sarasota, Fl. 34239
VP/S	Kimberly Golly	3601 Flores Ave	Sarasota, Fl. 34239

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 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

941-650-5843

Daytime Phone #

CR2E081 (10/02)