

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000077864

1. Corporation Name

Ideal Financial Services, Inc.

2. Principal Office Address

20863 NW 4th St

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip
33029

Country
USA

3. Mailing Office Address

20863 NW 4th St

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip
33029

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 1/1/07

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 Losada

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

20863 NW 4 St.

Suite, Apt. #, Etc.

City
Pembroke Pines

State
FL

Zip Code
33029

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 1/4/07

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/D	John Losada	20863 NW 4 St.	Pembroke Pines, FL 33029

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 contained in Chapter 119, 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

1/4/07 JL
1/6/07

Date

954-444-7615

Daytime Phone #

FILED

07 JAN -5 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-do
CR2E081 (12/05)