

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 17 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200099246532

04/30/07--01001--017 **900.00

DOCUMENT # PD1000093896

1. Corporation Name

INNOVATIVE SUPPORT SYSTEMS, INC

2. Principal Office Address - No P.O. Box #

401 SOUTH STATE ROAD 434

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

WOODY BREAZEALE

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

401 SO. STATE ROAD 434

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

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

9/24/2001

5. FEI Number

59-3747589

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

W Breazale PRES.
REGISTERED AGENT MUST SIGN

Date 2/23/07

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
PRES	WOODY BREAZEALE	4532 BURKE ST	ORLANDO, FL 32814

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:

W Breazale PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/07

Daytime Phone #

JC 4/20