

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000117915

1. Corporation Name

I INVEST, INC.

Principal Place of Business

1010 SEMINOLE DRIVE #1705  
FT LAUDERDALE FL 33304

Mailing Address

1010 SEMINOLE DRIVE #1705  
FT LAUDERDALE FL 33304

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/2001

5. FEI Number

69-0004315

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HERLITZ, JW	1010 SEMINOLE DRIVE #1705	FT LAUDERDALE FL 33304
D	HERLITZ, JULIE	1010 SEMINOLE DRIVE #1705	FT LAUDERDALE FL 33304
P	HERLITZ, JW	901 N. RIO VISTA BLVD	FT. LAUDERDALE 33301
✓	HERLITZ, JULIE	901 N. RIO VISTA BLVD	FT. LAUDERDALE 33301
			600009247736 11/27/02--01101--016 **158.75

8. Name and Address of Current Registered Agent

BUSINESS FILINGSS INCORPORATED  
1000 WEST AVE STE 1114  
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/19/02

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-1-02

404-915-5068

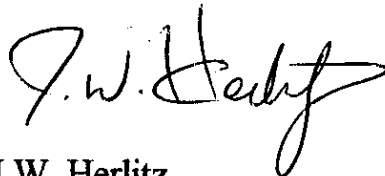
CR2040 (8-02)

To whom it may concern,

Please reinstate our company, I Invest, and change our mailing.  
I did not receive any notice for this report.

To: I Invest  
J.W. Herlitz  
901 N. Rio Vista Blvd.  
Ft. Lauderdale Fl. 33301

Thank you,

A handwritten signature in cursive script, appearing to read "J.W. Herlitz". The signature is fluid and stylized, with the first and last names being more prominent than the middle initial.

J.W. Herlitz