

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 18 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000018165

1. Corporation Name

INVESTMENTS INTERNATIONAL of MARGATE

2. Principal Office Address

721 SW. 71st Terr.

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

City & State

Pembroke Pines, FL

City & State

SAME

Zip

33023

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

2-13-02

5. FEI Number

900030710419
03/18/04--01022--027 **900.00

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

MARY DORAK

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

1446 N.W. 2nd Ave.

Suite, Apt. #, Etc.

#105

City

BOCA RATON

State

FL

Zip Code

33432

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

Mary Dorak

REGISTERED AGENT MUST SIGN

Date 3-16-04

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 | <u>Deborah Kivisels</u> | <u>721 S.W. 71st Terr</u> | <u>Pembroke Pines, FL 33023</u> |
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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)(l), 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:

Deborah Kivisels
Deborah Kivisels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-04
Date

954-610-9098
Daytime Phone #

CR2E081 (01/04)