

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 29 PM 12:56

DOCUMENT # PO200024896

1. Corporation Name

PO2000024896

I NET VALUES Inc.

2. Principal Office Address

160 W. Camino Real

Suite, Apt. #, etc.

226

City & State

Boca Raton FL

Zip

33432

Country

USA

3. Mailing Office Address

160 W. Camino Real

Suite, Apt. #, etc.

226

City & State

Boca Raton FL

Zip

33432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/5/2002

5. FEI Number

030408048

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

04-05

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Amedeo D. Belmonte

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

160 W. Camino Real

Suite, Apt. #, Etc.

226

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

Amedeo D. Belmonte

Date 11/28/2005

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
CEO	Amedeo D. Belmonte	160 W. Camino Real # 226	Boca Raton FL 33432
COO	Eric Robbins	160 W. Camino Real # 226	Boca Raton FL 33432
VP	Melissa Reif	160 W. Camino Real # 226	Boca Raton FL 33432

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:

Amedeo D. Belmonte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/2005

Date

(561) 503-6402

Daytime Phone #

12/5/05